OCTOBER 16 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

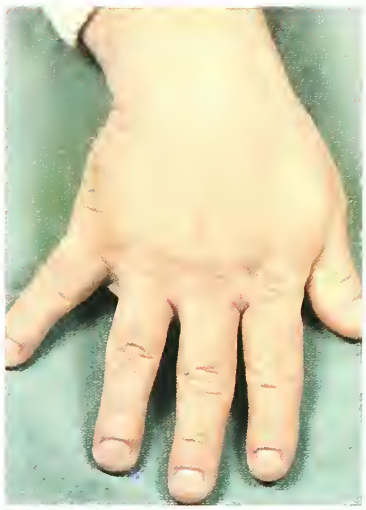
Scots 3.5pc pay settlement is a 'fair' increase

Diagnostic testing in pharmacies comes under fire

Kirit Patel accuses NHSE of playing by different rules

NACEP: workforce, RPM and money

Numark sets quality levels for members



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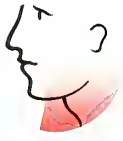

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

COMMENT

Comments on this week's appointment of Alan Milburn as health secretary at the Department of Health have ranged from an enthusiastic welcome to 'it could have been worse'. Indeed, Mr Milburn is well on the way to being fully conversant about pharmacy, having had the profession in his portfolio when he was health minister. He was good at saying pharmacy-friendly things, particularly after the profession registered its astonishment that pharmacists in England were not to be given a place on primary care group boards. At the time, it was suggested he had caved in to the medics who would otherwise not have entered into the spirit of PCGs. On Wednesday, though, in his first interview after being appointed, Mr Milburn gave the impression that he is less prepared now to bow to the medics' pressure and that the new NHS will crack on apace. Let's see how the boards of primary care trusts shape up.

The intervening time spent at the Treasury puts Mr Milburn in an interesting position - he will have to balance the very real demands of an underfunded NHS with his knowledge of the country's finances. Already, drugs spending is coming to a head as health authorities start to feel the strain of PCGs not yet coming to terms with the unified budget. The answer, as we all know, is to get those pharmacists involved and utilise their skills in looking at those wayward doctors' prescribing habits. The media interest on drug rationing may have dropped after the diversionary Dick Whittington tactics of Dobson but drug costs are still growing faster than inflation. With a forecast drugs budget of £5.1bn this year, how soon will it be before Mr Milburn comes to pharmacy for some help? Maybe he'll bring the pharmacy strategy along, too.

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Scots' 3.5pc increase 'fair'

The Scottish Pharmaceutical General Council has accepted a "fair" increase on the global sum of 3.5 per cent for 1999/2000.

The agreement means that the standard dispensing fee will rise from £0.91 to £0.94 for prescriptions dispensed on or after April 1, 1999. This will incorporate the 1.5p already agreed for PoD checks. Growth in prescription numbers is estimated to be 3.3 per cent this year, compared to last year's figure of 2.7 per cent.

A global sum of £78.23 million – 3.5 per cent higher than last year, according to the Health Department of the Scottish Executive – includes £500,000 for the introduction of an extended range of services. Discussions are continuing on how these services can be designed nationally and delivered locally. This money is "ring fenced" and cannot be used by primary care trusts for purposes other than pharmacy services.

The new dispensing fee will be applied to prescriptions dispensed from October 1. Arrears of 1.5p per item from April will be paid in January 2000. The 0.5p per item for all items dispensed during 1998 due to last year's global sum underspend will be made during November.

As a result of "strong representations" by SPGC, the serial dispensing fee has been increased by 5p to £0.65 from October 1. However, the Health Department does not see the need for instalment dispensing for residential and nursing home patients. It will maintain a close watching brief to see whether the global sum comes under pressure from this increased fee.

Antibiotics seen as a 'cure all' by public

Antibiotics are seen as a "cure all" by the public, according to a survey commissioned by the Royal Pharmaceutical Society of Great Britain.

The telephone survey of 250 people revealed that 55 per cent of respondents thought antibiotics would treat a cough and 47 per cent thought they would treat a cold. Around one in five respondents perceived conditions such as sore throats, coughs and earaches as always treatable with antibiotics.

While more than eight out of ten respondents claimed to always finish a course of antibiotics, over a quarter of those under 40 stopped taking them when the condition improved. Almost a third of people forgot to take their antibiotics or took them irregularly, according to the survey.

There was a low level of awareness of the phrase "antibiotic resistance", with 40 per cent of those aged 60 or over either unaware or unsure of the meaning.

Christine Glover, RPSGB president, said the public's lack of understanding of antibiotics' role was contributing to problems for patients and the NHS. "If we continue to pop antibiotics like sweets, the reality is that when we really need them for what could be a life-threatening illness, there will be no antibiotics left to take," she said.

NICE discourages Relenza

The National Institute for Clinical Excellence has advised health professionals not to prescribe Relenza this winter.

But the drug has not been banned from the NHS and pharmacists will be reimbursed in the usual way for dispensing it on form FP10. Doctors can still make individual clinical judgements "as to what treatments are appropriate and necessary", said NICE, but should take into account that the advice represents "the views of an eminent body of senior practitioners who have had the opportunity to consider the available evidence".

NICE concluded that zanamivir, if used within 48 hours of the onset of flu symptoms, reduced the duration of illness by one day, from a median of six to five days. Because flu is a self-limiting illness in otherwise healthy people, the costs of reducing symptoms by one day would be disproportionate to the benefits. The institute also decided it would be inappropriate to offer the drug to high risk groups such as the elderly and those with chronic illness, as there was insufficient evidence that the drug reduced serious complications in these people.

Glaxo Wellcome is carrying out four more clinical trials and the interim results will be submitted for a full NICE appraisal of zanamivir next year. Further guidance will be issued in time for the 2000/2001 flu season.

NICE's rapid assessment committee estimated the possible net drug costs to the NHS in England and Wales as £9.9 million annually, rising to £15m in an epidemic year.

"Both estimates need to be treated with caution because it is likely that primary care consultations for influenza would increase if the product were to become widely available," says NICE. "There is some evidence that treatment with Relenza might allow patients an earlier return to work, but the impact is insufficiently substantiated, at present, to influence guidance to the NHS."

The Committee recommended that the NHS should give practical help to the company in carrying out further trials and obtaining more data on the direct costs to primary care. The most effective approach to managing flu is to ensure maximum uptake of immunisation by high risk patients.

The guidance is being sent to GPs this week, and information is available on NICE's web site (*www.nice.org.uk*).

Glaxo Wellcome said further data could be collected effectively only if Relenza were available on the NHS, a point which the company made repeatedly to NICE and the DoH.

Chairman, Sir Richard Sykes, said: "We are ... encouraged that NICE and the NHS have agreed to meet the company ... to discuss ways in which additional information ... can be obtained through further trials in the primary care context."

Milburn's return to DoH welcomed

New secretary of state for health Alan Milburn

Pharmacy bodies have welcomed Alan Milburn's return to the Department of Health as health secretary.

Pharmaceutical Services Negotiating Committee chairman Wally Dove has written to Mr Milburn saying that PSNC enjoyed working with him when he was a health minister and looks forward to renewing their relationship.

The letter points out that there are "several major issues concerning community pharmacy's role in primary care that remain unresolved with Frank Dobson's departure, and I hope very much that we can work together to progress them for the benefit of patients".

On the matter of rural issues, Mr Dove reminds the health secretary that when he was a minister he had asked that the doctors and pharmacists came to an agreement before progress could be made. "I am pleased to say that we have done so, having agreed with the GPC a package of proposals that would remove the tensions in rural areas," he writes, adding that PSNC will be meeting with John Denham soon.

NPA director John D'Arcy said he welcomed Mr Milburn's appointment and the Association looks forward to working with him. "I think it's an advantage that we do not have to start from a blank sheet – what he said as health minister was pretty pharmacy friendly," he said.

For the Royal Pharmaceutical Society, secretary and registrar Ann Lewis said: "We have enjoyed working closely with Frank Dobson and his team and we now look forward to developing a good working relationship with Mr Milburn."

Millar warns Lambeth to get its act together over devolution

Scottish pharmacists have warned the London headquarters of the Royal Pharmaceutical Society that it needs to get its act together over devolution.

Scottish executive chairman Graeme Millar told last week's Council meeting in Lambeth that it is "imperative" that all documents issued to pharmacists or other health professions in Scotland must go through York Place.

The Society has been put in an embarrassing position on several occasions recently when policy papers or reports have been issued on a Great Britain basis and "subsequently found to be either unsuitable, misleading or inaccurate north of the border", he said.

This has only served to indicate that the RPSGB currently operates with internal division and lack of co-ordination or collaboration. "In order to retain a GB Society closer ways of working must be put in place," he urged.

It is essential that at the start of a decision in Lambeth to prepare any paper, the Scottish department is included. Single or separate documents can then be produced that meet Scotland's needs, as well as England's and Wales'.

"Without enforcement of such an arrangement, the Scottish Executive will have to consider other ways of protecting the Society's standing and reputation in Scotland," said Mr Millar.

There is no need for an unwieldy legal concordat, he said. "It's the ability to communicate and recognise individual environments. There is no mechanism to do that at present."

Peter Curphey said Mr Millar was asking for "structural change" and asked the Scottish Executive to flag up the changes Wales and Scotland would like to see.

Secretary and registrar Ann Lewis said the problem would be thrashed out at a meeting of senior managers planned for November 4.

CPAG sets out thrusts of RPM arguments

The Community Pharmacy Action Group went to court this week in the latest stage to protect resale price maintenance.

On Monday afternoon, CPAG's lawyers went to the Restrictive Practices Court to set out the 'gateways', or legal arguments, it intends to prove when the full hearing commences on October 2, 2000. It intends to focus on the main argument that saw RPM retained the last time it was challenged in the Courts in 1970: that there will be a reduction in the numbers of outlets, ie community pharmacies, with the loss of RPM than would otherwise be the case.

The other gateways CPAG intends to argue on are: there will be a reduction in the variety of goods available which will be to the detriment of the consumers; that prices will generally increase because of the need to support temporary price reductions on selected lines; and that the necessary services that the goods require will disappear as the number of pharmacies reduces. A fifth gateway which may also be pursued is that goods will be sold in conditions or on terms that may pose a threat to the public, ie there will be price promotion encouraging bulk purchasing.

CPAG secretary Sue Sharpe outlined the gateways at the National Association of Cop-operative Executive Pharmacists' 50th annual conference in Stratford-upon-Avon last Sunday. Emphasising that the court case can only be won with hard evidence, Mrs Sharpe called on all pharmacists to come forward with evidence, data or studies that can support the CPAG case.

For more details on this and the rest of the NACEP conference, turn to pp36-38.

C&D tutorial: H2-receptor antagonists

The latest in the *C&D* tutorials looks at H2-receptor antagonists and ranitidine, in particular, in its over the counter format.

Brought to you in conjunction with Glaxo Wellcome, the tutorial addresses some of the concerns pharmacists may have that H2-antagonists could mask more serious symptoms. The tutorial, which can be found on pages 39-40, is College of Pharmacy Practice accredited and provides one hour of postgraduate education.

NI pharmacists thank Derek Lawson

Pharmacists in Northern Ireland bid a formal 'thank you' to their retiring secretary and registrar Derek Lawson at a dinner at the Culloden Hotel, Holyrood, last week.

The PSNI president, Terry Maguire, praised Mr Lawson for enshrining the trinity of "care, courtesy and common sense" in the handling of his office.

Mr Lawson took up the post in 1984 and has served under 12 presidents, many of whom were there to see him off. He was only the third secretary of the PSNI, and succeeded Billy Gorman. Mr Lawson has recently suffered from a heart condition and underwent a major operation earlier this year, precipitating his retirement.

Sheila Maltby was announced as his successor (see *C&D* last week, p6).

PSNI president Terry Maguire presents retiring secretary Derek Lawson and his wife Sandra with a 'huggit', a bottle of port to fill it, and a substantial cheque made up from donations by PSNI members, topped up by the Pharmaceutical Contractors Committee

October Tariff endorsements

The Scottish Pharmaceutical General Council says that because of problems with the availability of the following *Drug Tariff* generics, PPD has been instructed to accept pharmacists' endorsements of manufacturer/pack size on scripts dispensed during October. These are the only products for which endorsements will be acceptable.

Allopurinol tabs 300mg (both pack sizes); aluminium hydroxide tabs 500mg; aspirin dispersible tabs 75mg; bendrofluazide tabs 5mg; chlorpheniramine tabs 4mg; cinnarizine tabs 15mg; indapamide tabs 2.5mg; indomethacin caps 50mg; mefenamic acid caps 250mg; metformin tabs 500mg; metronidazole tabs 400mg; oxprenolol tabs 20mg; oxprenolol tabs 40mg; penicillamine tabs 250mg; propranolol tabs 10mg; propranolol tabs 40mg; quinine sulphate tabs 200mg; thioridazine tabs 50mg.

In England and Wales, Pharmaceutical Services Negotiating Committee has issued the following list of Category D items for October which are not shown in the *Drug Tariff*.

Clomiphene tablets 50mg 30s; flucloxacillin oral solution 125mg/5ml 100ml; haloperidol tabs 10mg 50s; lormetazepam tabs 500mcg 28s and 100s and 1mg 100s. Clomiphene tablets were added on October 7.

Attack on diagnostic testing

Pharmacists offering diagnostic testing services "don't seem to have the time, facilities or expertise to give you the private and professional service you might expect", says a *Health Which?* report.

The report, published this week, questions the reliability of the tests' results and claims some pharmacists are carrying out tests unnecessarily. Researchers criticise pharmacists' apparent lack of time to carry out the tests, and the fact that appointments are necessary in some cases. Facilities for some consultations "weren't ideal" - with one taking place in a kitchen. But it was pharmacists' advice that "gave us most cause for concern".

One *Health Which?* adviser claims the level of professional input from some of the pharmacists was equal to "that put into selling a film for your camera".

The research looked at tests for cholesterol, osteoporosis and *Helicobacter pylori*. Researchers paid 13 visits to 11 pharmacies in the Midlands and Greater London areas. Seven were independents, three were part of a chain and one was based in a supermarket.

Positive findings of the research included two pharmacists refusing to carry out an *H pylori* test on a man with stomach pain and weight loss who was taking indomethacin. They both referred the man back to his GP. All pharmacists who were asked for an osteoporosis check provided information about other risk factors and the importance of diet and exercise. Two of the three pharmacists consulted for cholesterol tests suggested that the patient see their GP after the test.

Apart from one visit to a pharmacy that was part of a chain, all samples were analysed by Pathology Management Company, or using PMC equipment. PMC had also trained these pharmacists and supplied them with checklists to collect medical details and record results. These forms were criticised as inadequate and not able to pick up all the risk factors in a patient's history.

The report acknowledges that pharmacy health checks are still a new concept, but says that pharmacists need to improve their facilities and the quality of their advice. It concludes by saying: "As things currently stand, we question whether it's really worth you spending time and money on these health checks in your local pharmacy".

National Pharmaceutical Association director John D'Arcy commented: "Naturally we are disappointed by the findings. It does show that there is clear room for improvement and pharmacists must take heed and work towards this."

The Royal Pharmaceutical Society said that it was "concerned" about apparent shortcomings highlighted in the report.

Ann Lewis, secretary of the Society, said: "We are sure the pharmacists surveyed will take note of the report and that they will take measures to ensure high quality provision of these and other services they provide."

The Society is currently talking to special interest organisations about practical ways of helping pharmacists deliver the highest quality standards in diagnostic testing. "We are hoping to identify what quality indicators, continuing professional development and audit tools could help support pharmacists providing diagnostic testing," said Miss Lewis.

Michael Smith, managing director, Pathology Management Co, which produced the tests, was pleased that the report highlighted the need for pharmacists to be trained. But *Health Which?* failed to pick up on the positive angles, such as the fact that advice lines were available and that the company offered training courses for pharmacists, he said. On the National Osteoporosis Society's statement that the osteoporosis test should not be used for diagnosis, Mr Smith said that PMC was not promoting it for this purpose. Instead, it should be used as an indicator of possible risk or as a treatment monitor.

Council changes skill mix proposals

Pharmacists would be able to assess their own experienced but unqualified dispensing assistants, under revised skill mix proposals agreed by the Royal Pharmaceutical Society's Council last week. The revised proposals take into account some of the National Pharmaceutical Association's concerns.

Council agreed in February that, by January 2005, it should be a professional obligation for pharmacists to ensure that all dispensing staff are trained or competent to a minimum standard and that standard operating procedures (SOPs) are in place in all pharmacies.

The revised proposals are:

- the Society considers the appropriate qualification for pharmacy technicians is still the S/NVQ level 3 in pharmacy services or equivalent. These technicians work mostly in hospitals, where their roles could be extensive. Qualified dispensing technicians in the community are different, but for some tasks the NVQ3 or equivalent should be required
- the Society still believes all staff involved in dispensing activities should be trained to an accredited standard and these activities would need to be defined as part of the work on SOPs
- for experienced but unqualified assistants pharmacists should be required to make a personal assessment of competence, based on defined standards. These staff would have to meet additional criteria relating to length of service and experience. The Society would issue further guidance on staff called to work in the dispensary occasionally and the pharmacist would have to assess each staff member concerned
- further discussions should be held on minimum training standards and how the SOP requirements should be implemented. They would take account of feedback from the National Training Organisation's pharmacy sector committee during the development of S/NVQ level 2
- the Society or another body might have a role in accrediting courses which met or exceeded the minimum standard, particularly if it was not linked to an NVQ
- the Society hopes to work with the NPA and hospital pharmacists at all stages of implementation. Input from others would be welcomed in developing SOPs for dispensing, criteria for experienced but unqualified staff assessment, guidance on the use of occasional staff, time lapse before new staff started training, and assessments when employees changed jobs.

Prereg year Council agreed in principle to revise the requirements for the preregistration year so that all trainees would spend some time in both hospital and community pharmacy. Council also agreed that the Society should no longer stipulate sector-specific experience. A decision on whether graduates would be able to spend some time in industry or other non-standard settings will be made after the Industrial Pharmacists Group Committee has discussed the matter. The Society's education division suggested the proposals should be implemented in summer 2000, the first preregistration year after the fallow year.

Internet pharmacy During a discussion on e-commerce Council heard that the British delegation to the Pharmaceutical Group of the European Union had been in discussion with the Department of Trade and Industry and a briefing paper would be circulated to Council. Sue Sharpe, the Society's head of professional standards, and the ethics working party were looking at the ethical considerations. The UK delegation to the PGEU and UK doctors' representatives were meeting to see what areas of common ground could be put to the Government, both in this country and in Europe, and there would be a chance to meet manufacturers to seek support.

Impact of NICE The profession should seek to participate constructively, and at the earliest possible stages, in the work of the National Institute for Clinical Excellence and the Commission for Health Improvement, said Professor David Taylor, policy support unit. Among his suggestions were that the Society should give practical suggestions for co-operation in areas such as consumer-focused guidelines and consultations on new models of professional and clinical governance. Council agreed that the strategy issues identified in Professor Taylor's paper should be worked up by the policy support unit.

Complementary medicine The Society's response to the House of Lords science and technology committee's inquiry into complementary medicine will call for protection of the public from bogus claims, more impartial advice to consumers, high quality clinical trials, a licensing system for herbal medicines that would require appropriate evidence of efficacy as well as safety and quality, training for practitioners, and greater integration of complementary medicine into healthcare.

Registration exam Council will seek an amendment to the Society's bylaws to remove the possibility of candidates having a fourth attempt at the preregistration exam. Allowances would be made for illness and other problems.

Policy formulation Hemant Patel's paper on increasing effectiveness in policy formulation and public affairs is to be referred to the working group on new ways of working (*C&D* last week, p7).

Pharmacists are overlooked in NSF

Pharmacy bodies are disappointed that the national service framework for mental health has failed to make more use of pharmacists (*C&D* last week, p7).

The National Pharmaceutical Association said this week it was disappointing that the NSF made no mention of the pharmacist's role, despite recognising the importance of high quality prescribing and the need for patients to comply with treatment.

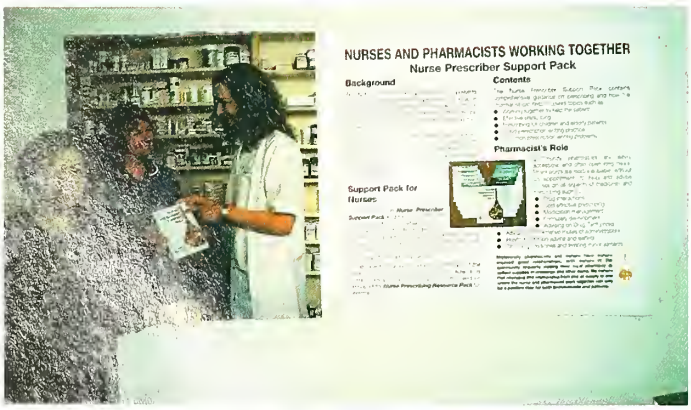
"However, we are delighted that the NSF recognises that formal and informal carers [of people with mental health problems] have access to clinical information on a 'need to know' basis," a spokesperson said. "This was one of the key recommendations of the NPA's report, 'Medicines management: everybody's problem'.

"The NPA hopes that local implementation teams will recognise the valuable contribution the community pharmacist can make to supporting the needs of carers and patients in managing medicines."

WCPC gives help to Welsh primary care strategy

The Pharmaceutical Services Negotiating Committee's Welsh Central Pharmaceutical Committee has set out ways in which community pharmacy could contribute to a strategy for primary care in Wales.

A draft strategy was considered by the National Assembly for Wales' Health and Social Services Committee last week. Secretary of the WCPC, Mike King, represented community pharmacy in the discussion, together with representatives from the medical, nursing, Social Services and Welsh HAs.



The National Pharmaceutical Association was doubly represented at the Nurse Prescribing Conference in Birmingham this week. Matthew Shaw, community pharmacy development co-ordinator for the NPA, gave a presentation on the support pharmacists can give to nurse prescribing (see p41), and Mr Shaw and NPA information department member Sonia Garner (pictured) presented a poster

Council treatment of branch rep motions attacked

The Royal Pharmaceutical Society's Council has come under fire for the "cavalier way" it treats motions from the branch representatives meetings.

At last week's Council meeting Peter Curphey was scathing about Council's responses to motions, which included phrases such as "consideration deferred", "currently considering" and "monitoring the situation". Sid Dajani suggested Council should set time limits to respond to motions. Vice-president, Marshall Davies, added that Council's responses "neither informed or helped members".

At the end of the debate, it was left to Hemant Patel to ask: "What have we agreed to do [about it]?"

INDUSTRY VIEWPOINT

Casting an eye on the industry vision

Visiting London over the weekend,we stood with many thousands of other tourists and sightseers as the technicians and construction workers progressed the raising of the British Airways Millennium Wheel (the London Eye) on the South Bank of the Thames. The giant wheel has been many months in construction and has had the appearance of a building site as it was built in a horizontal position across the top of the water.

This is British Airways' contribution to London and the nation's celebration of the millennium. While many of the projects are centred on the millennium site at Greenwich, other major events will be taking place along the length of the South Bank. There will also be a new state of the art footbridge across the Thames.

The London Eye has been criticised as an example of the folly of the millennium celebrations, while other commentators have hailed it as an example of a major British company's unique contribution to the world class technologies developed over the past century and the confidence of British industry in continuing to lead the world in the century ahead.

"Change in the 21st century will be on a greater and faster scale than anything we have experienced"

As the London Eye was manoeuvred into its final position, the sheer scale of the project became apparent. It is vast, dwarfing the old County Hall and other buildings close to it on the South Bank. One comes away from the experience with an impression that it has been created by men and women with great vision, people who were prepared to take risks in designing something no-one had ever achieved before.

It is a perfect example of the vision we all need in our lives and businesses as we move into the 21st century, and face a business and professional environment where change will be on a greater and faster scale than anything we have experienced in our lives so far.

Written by a senior industry manager

Xrayser

Topical Reflections

Sharp practice of the most petty kind

Johnson & Johnson has just returned to me a coupon for £1 that it has refused to redeem. I know I have complained about this before, but for some companies it seems that a second reminder about fair play is needed. I am told that I cannot legally refuse one of these coupons, yet I am then tied to the highly restrictive conditions of acceptance imposed by J&J of one month between the expiry of the coupon and the redemption date. This may be technically legal, but to me it is fraud.

I sold a J&J product at £1 less than my selling price on the understanding that I would be reimbursed the £1. J&J has gained the sale it aimed for by issuing the coupon and should enjoy the benefit of future sales. Meanwhile, because I have not redeemed the coupon within the month allowed by Johnson & Johnson, I have lost £1. My customer is happy, J&J is happy and I am sore!

Come on Johnson & Johnson! This is sharp practice of the most petty kind. If the majority of the rest of the pharmaceutical industry can manage open date redemption, so should you. I took your coupon in good faith and you should redeem it as you promised, regardless what the date was!

Another act of bloody mindedness

The latest report from the Pharmaceutical Services Negotiating Committee makes for depressing reading (*C&D* October 9, p8).

Is it any wonder that I am dispirited when, instead of getting encouragement from the National Health Services Executive, all I am offered is another act of bloody mindedness designed to prevent me from earning a fair day's pay for an extremely hard day's work.

At the moment I am only just coping with generic supply problems and the ability to buy at the best possible price has been replaced by grateful thanks for buying at any price. Now I am told that the NHSE wants to unilaterally redefine shortage as one week's stock in the supply chain, not because this is a fair way to ensure proper reimbursement, but because these generic problems are causing administrative problems to the Prescription Pricing Authority and costing the NHS a lot of money.

This attitude demonstrates a total disregard for the welfare of the patient and an arrogant ignorance of my problems that borders on gross negligence. The NHSE should be as responsible to the patient as I am and instead of using the sledge hammer approach to contractor negotiations, it should be bending over backwards to help.

My present generic drug supply problems are rooted firmly in the past abysmal failure by the Government to properly manage the transition to patient packs. The demand for generic drugs is as predictable today as it was a year ago, so it is to the industry that the NHSE should be turning its urgent attentions. To punitively attack contractors will solve nothing. It will only further alienate a profession trying its best to deal fairly with a fiasco that is not of its own making.

Mail order by another name

It was inevitable that a UK-based internet site would be established in order to try and capitalise on the application of e-commerce to community pharmacy, and the first such site has now been set up at *www.chemistore.com* (*C&D* October 9, p6).

However, I can see very little difference between internet trading and mail order.

Yes, there is greater flexibility in the electronic version, but there is little other fundamental difference. In the UK, mail order pharmacy services do not exist, partly because of regulation, but also because of the preference by most customers for the personal service offered by their community pharmacist.

The internet may be revolutionising many aspects of British commerce, but I do not believe that the warnings of doom and disaster for those, like me, who do not wish to embrace its attractions, will necessarily come to pass, and it will be many years before my real pharmacy is usurped by its virtual competitors.

Comment

Kirit Patel, chairman of the NPA, has some strong words about current practices at the PPA

Millions 'plundered' from contractors

The Prescription Pricing Authority, at the request of the NHS Executive, is continuing to switch all 'Exempt' prescriptions that have been incorrectly filled in, or not signed from the 'Exempt' bundle to the 'Paid'. The majority of these prescriptions are for the elderly or those under 16, and now the ages of most of these patients are clearly stated by the patient's GP on the form.

It is obvious that no prescription charges are collected by the contractor from these exempt patients, but in spite of this, the PPA is deducting prescription charges from contractors' payments. The PPA has been instructed by the NHSE to assume that charges have been paid for all these incorrectly filled items.

This seems to me to be a classic case of one rule for the NHSE, and another for everyone else. Imagine a scenario where a contractor takes in a prescription which is incorrectly filled in, in his or her favour, and after having collected £23.60 for four items prescribed on the form, the contractor switches the prescription to the 'Exempt' bundle and pockets the money. Such action would quite rightly be deemed unacceptable. Not only would the NHSE demand full recovery of the money, but there is also every chance the pharmacist would be charged with fraud. What is the difference between this action and what the NHSE itself is doing on a much grander scale against pharmacy contractors.

The current prescription switching practice carried out is unequitable and unacceptable and must be stopped. All prescriptions which are switched from 'Exempt' to the 'Paid' bundle must be returned to the contractor for verification. The PPA is currently plundering millions of pounds a year from the contractors through this practice.

The NHSE may be paying £14 million for point of dispensing checks on exempt scripts, but it is taking away at least double this amount from contractors by switching scripts between bundles. Many of these exempt prescriptions have two to three items written on them, which costs the contractor between £12 and £18 for every form switched.

If an average of one form per pharmacy per month were switched per month, and this ranged from an average of two and a half items per form, the Treasury would be better off to the tune of well over £20 million per annum. But I suspect the figure is much higher than this. Unless the number of forms switched is 'substantial' (and the PPA is not willing to confirm what this number is, although a figure of 50 has been bandied about) then the contractor will not even be informed of the transfer.

And under no circumstances are the prescriptions returned to the contractor. The relevant health authority is informed and it is left to them to request the prescriptions in question to be sent to them if they choose to get involved.

The NHSE has set up a specially trained fraud squad, some of whom are based at the PPA. Perhaps Jim Gee, director of the counter fraud investigation unit, should investigate the actions of their employers.

This unacceptable plundering of pharmacy contractors money must stop. Not only has the collection of NHS levy made contractors into a tax collection agency, but they are being penalised for the errors made by the patients.

As it is, the collection and banking of this NHS levy is costing the contractors millions of pounds by way of bank charges. The current rate charge by the clearing banks for banking cash is nearly £1.65 for every £100 banked.

If an average pharmacy were to dispense 500 paid items per month, then the total sum collected by the 12,000 contractors in the UK would be more than £420 million. The total cost borne by the contractors for banking this cash is well in excess of £5m.

There are many reasons for switching the scripts, the obvious one being the mis-filing by the contractor. The ones of concern to me are the ones which are incorrectly completed by the patient. On some of the forms the signature could be in the wrong place or missing entirely. A pharmacy rubber stamp on the back is not treated by the PPA as being a valid signature. Others have ticks missing in the relevant boxes.

It is imperative that the contractors verify the paid items actually sent to the PPA against the actual figure taken by the PPA as shown in the FP34. A recent survey done in Day-Lewis shops, showed that an average of four forms carried incorrect or incomplete patient exemption statements equal to nearly 11 items per month. This equates to only a 0.0025 per cent error, yet the quantum of money is nearly £750 per pharmacy per year.

Those shops with EPoS should use a 'triangulation method' of cross checking, by comparing the monthly EPoS data with the actual paid items submitted to the PPA and that which the PPA shows on the FP34 form.

Each shop must set up a protocol for checking that these prescriptions are properly filled in. The protocol should involve a five point check list, so that checking takes place:

- on the counter at the time the prescription is collected
- in the dispensary, prior to dispensing
- at the time of handing the dispensed medicine to the patient
- at the time of counting the forms – it is helpful to count the forms upside down
- at the end of the month prior to sending off the scripts.

At the time when the contractors are losing anything from £25m to £75m a year, this would be an exercise worth doing.

At the last LPC conference, five resolutions were passed asking the PSNC to take up the matter with the NHSE and the PPA. PSNC's requests have been totally ignored. I believe the time has now come when the PSNC needs to give an ultimatum to the NHSE that if this underhand and totally unethical practice does not cease, then contractors will be asked to suspend all PoD checks.

This may well cost the NHSE in excess of £100 million. I do not believe the NHSE would take this threat lightly.

ZOVIRAX
COLD SORE CREAM

Nothing works Faster to Treat the Blister and the Tingle

Zovirax is Clinically proven to Treat the Blister and the Tingle

Did you know that not all cold sore sufferers experience the tingle? As many as 40% get no warning of a blister outbreak until it happens [1]

In some clinical trials up to 80% of sufferers began Zovirax treatment later than the tingle stage [2] Zovirax brought clinical benefit at all symptomatic phases of cold sore development, up to and including the blister stage [3]

You can now confidently recommend Zovirax Cold Sore Cream at blister or at tingle [2,3,4]

Putting the Smile back on your Face

NEW NATIONAL TV CAMPAIGN STARTS OCTOBER

Presentation: [illegible] **Uses:** [illegible] **Dosage and administration:** [illegible] start of an infection, ideally during the tingle phase. [illegible] **Contra-indications, Warnings, etc:** [illegible] known to be hypersensitive to aciclovir or propyl[illegible] **Precautions:** [illegible] herpes infections of the eye or the genital area. [illegible] **Side and adverse effects:** [illegible] Mild drying or flaking of the skin has occurred in about [illegible] patients. [illegible] **Retail Selling Price:** [illegible] **Product Licence Number:** PL 10031/0304 **Licence Holder:** [illegible] **Legal category:** [illegible] **Further information available on request from:** Customer Services, Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT. **Date of preparation:** [illegible]

Ref 1: Spruance SL et al New Engl J Med, 1977; 69-75
Ref 2: Data on file, GlaxoWellcome
Ref 3: Van Vloten W A et al J Antimicrob Chemother 1983; 12 (Suppl B): 89-93

ZOVIRAX CONTAINS ACICLOVIR

Medical matters

Contraceptive failure despite all efforts

Women are falling pregnant despite all efforts to protect themselves with contraceptives.

British Pregnancy Advisory Service (BPAS) chief executive, Ian Jones, said women are having "huge problems" using contraceptives and this is leading to unplanned pregnancies. "It is often assumed that women with unplanned pregnancies have had unprotected sex, but many of our clients say they conceived despite doing their utmost to protect themselves against pregnancy."

In a new survey of 2,000 women seeking abortion, BPAS found that 38 per cent had been using a condom at the time they became pregnant, 17 per cent had relied on the Pill and just 41 per cent had not used any method of contraception. Although the number of women claiming to have used contraception may be inflated because of the stigma attached to having unprotected sex, the results still suggest that women are finding it difficult to manage their fertility using contraceptives alone. The results also suggest that the 'real life' failure rate for contraceptives may be higher than is generally perceived.

The survey also showed that those aged 17 and younger, and those aged 30-34, were most likely to forgo contraception, indicating that effective and consistent contraceptive use does not improve with age.

Overall 86 per cent of women stated that they usually use some method of contraception. The BPAS said the failure of women to use a contraceptive at the time of conception may be due to difficulties experienced by couples with contraceptives rather than ignorance about the need to use a contraceptive to prevent pregnancy.

Mr Jones concludes: "Abortion care is an essential support to other family planning services. Policy makers need to address this and fund abortion services accordingly."

Bed rest can do more harm than good

Bed rest does no good and can even make illnesses worse, says a study in *The Lancet*.

Bed rest is often prescribed as a treatment for people who are ill or are recovering from medical procedures particularly in myocardial infarction, psychiatric disease and following orthopaedic surgery. However, unlike other clinical treatments, the therapeutic value of bed rest has not been evaluated thoroughly.

In this [illegible] study, Australian researchers [illegible]tically searched information servi[illegible] Medline and the Cochrane library for published studies on benefits or harm of bed rest in medical care. They found 62 randomised controlled trials for bed rest for 15 different conditions, equating to 5,777 patients. Of these, 24 looked at bed rest following surgery and 15 looked at bed rest as primary treatment.

No significant benefits of bed rest were seen in either groups. However, bed rest was found to have detrimental effects in medical procedures involving lumbar puncture, spinal anaesthesia, radiculography and cardiac catheterisation. In trials looking at bed rest as treatment, there was significant worsening of symptoms in conditions such as acute lower back pain, labour, proteinuric hypertension during pregnancy, myocardial infarction and acute infectious hepatitis.

The authors conclude that further investigation is needed to determine when bed rest is beneficial and when it is harmful. A distinction also needs to be made between the use of bed rest for managing symptoms of weakness and lethargy and its use to speed recovery. Until then, the researchers believe the patient is best placed to decide how much rest is needed.

World population hits six billion

The world population reached six billion on October 12, according to United Nations calculations, and the *British Medical Journal* marked the occasion with a discussion on its impact on demographics.

In an editorial, Professor Anthony McMichael of the London School of Hygiene and Tropical Health and Professor John Guillebaud, of the Margaret Pyke Family Planning Centre, said there were two schools of thought. Some deny that the population increase is a cause for alarm. They argue that economic development and education, particularly among women, will help bring fertility levels down, while global warming and resource shortage will naturally contain populations. The human population will also be sustained by increased agricultural productivity and genetically modified food. One-child family policies in their view is an "unjustifiable aberration".

The other view is that the population problem needs to be brought under control with interventionary methods. People of this belief are not confident that science can meet the food demands of the growing population. They are not confident that fertility will be kept in check and believe there may be a need for a worldwide one-child policy.

It also argues that if the developing world has to constrain its fertility then the developed world must moderate its resource consumption.

Dr Maurice King from the University of Leeds shares this more interventionist view. In addition, he believes that the US Government is deliberately suppressing dialogue about population growth for fear that it would have to reduce its resource consumption.

IN BRIEF

Booklet on hysterectomy

The latest booklet in the Family Doctor Publications series is on 'Understanding hysterectomy and the alternatives'. The booklet, written by a consultant obstetrician and gynaecologist at the Edinburgh Royal Infirmary NHS Trust, is designed to inform and reassure women who are being considered for a hysterectomy. The price is £2.49.
Family Doctor Publications.
Tel: 01295 276627.

Cipramil in drop formulation

Lundbeck has extended its Cipramil (citalopram) range to include a liquid drop formulation. Cipramil Drops 40mg/ml has a dropper fitted to the neck of the bottle to dispense accurate doses: ten drops for 20mg and 20 drops for 40mg. The liquid should be taken in a glass of water, orange juice of apple juice. The basic NHS price of a 15ml bottle is £21.68.
Lundbeck Ltd.
Tel: 01908 649966.

Eye drops made easy

Opticare and Opticare Arthro eye drop dispensers will be available on the *Drug Tariff* from November. The dispensers are designed to help people who have problems self-administering eye drops, eg the elderly and visually impaired. Opticare Arthro has an extended arm and swivel eye piece to help arthritic and disabled patients. The basic NHS price of each is £4.75 (retail £7.99).
Cameron Graham Associates.
Tel: 01244 318336.

Zyomet Gel from Goldshield

Zyomet Gel (30g, basic NHS price £12) is a topical antibiotic from Goldshield containing metronidazole 0.75 per cent w/w. The gel is indicated for the treatment of acute inflammation which is associated with acne rosacea and should be applied twice daily for eight to nine weeks.
Goldshield Pharmaceuticals (Europe) Ltd. Tel: 0181 649 8500.

Zocor price cut

Zocor 20mg and 40mg have had their prices reduced from £31.09 and £47.04 respectively to £29.69 and Zocor 10mg to £18.03. All prices relate to 28-day packs.
Merck Sharp & Dohme Ltd.
Tel: 01992 467272.

Stock up. Clean up.

With a £4.5 million Lemsip national TV campaign there will be a lot for you clean to up on, especially with Lemsip Sore Throat Anti-Bacterial Lozenge's effective triple-action.

Sales research has predicted Lemsip Sore Throat Lozenges will deliver additional sales both from new customers and existing customers trading up from medicated confectionery, creating greater profit per pack.

With all this from Lemsip, the No 1 selling cold and flu remedy, it's easy to see - if you stock, you'll clean up. Order your stocks now.

Hexylresorcinol

New Lemsip Lozenge is here.

eckitt & Colman Products Limited

NATIONAL TV LAUNCH

IP SORE THROAT ANTI-BACTERIAL LOZENGE
NTIAL INFORMATION
Ingredients: Each lozenge contains esorcinol BP 2.4 mg. Also contains propylene and 2.4 g total sucrose and glucose. **Indications:** antiseptic, demulcent and local anaesthetic for the relief of sore throat and its associated pain. **Dosage Instructions:** Adults and children aged 6 years and over. One lozenge dissolved slowly in the mouth every 3 hours or as required. Do not take more than twelve lozenges in 24 hours. Not to be given to children under 6 years. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions and Warnings:** Keep out of the reach of children. If symptoms persist consult your doctor. Not to be given to children under 6 years. **Side-Effects:** None known. **Retail Sale Price:** Six lozenges £0.69, 24 lozenges £1.99. **Marketing Authorisation:** 0094/0019. **Supply Classification:** General Sales List. **Holder of Marketing Authorisation:** Ernest Jackson and Company Limited, 29 High Street, Crediton, Devon, EX17 3AP. **Date of Preparation:** August 1999.

Lemsip and the sword and circle symbol are trade marks.

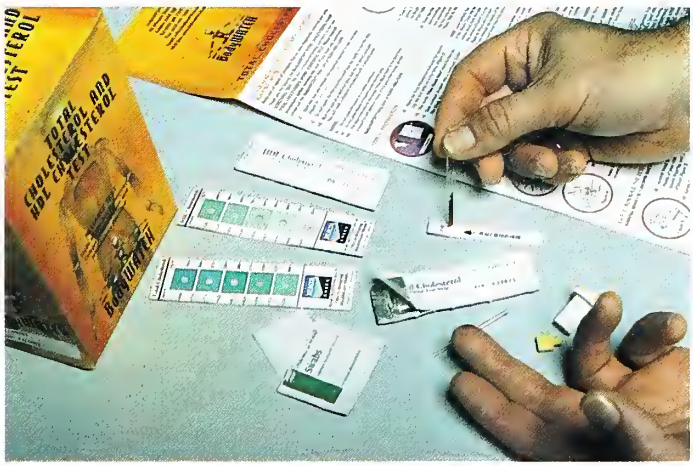
Bodywatch health kits identify disease risk

Bodywatch is a range of home testing kits that enable consumers to identify potential disease risks.

Developed by Pathology Management Co, the tests are for urinary tract infection, total and HDL cholesterol, blood group, allergy identification and osteoporosis risk. The company says the tests are not designed to diagnose, but will enable consumers to make health assessments in the privacy of their own homes. Users can act on the information to reduce symptoms or change their lifestyles.

Three tests give an instant result; the others are sent to PMC's laboratory which returns results in a few days. The Bodywatch urinary tract infection screen (£9) identifies coliform bacteria, which cause 90 per cent of urinary tract infections, from a urine sample. These bacteria convert nitrates into nitrites which change the colour of the test pad strip. The user can obtain results in one minute by comparing the colour with those printed on a chart.

The cholesterol screening test (£12) measures HDL as well as total cholesterol, from a small sample of blood taken with a lancet. In three minutes the colour of the test strip can be compared with a chart to indicate cholesterol levels.



The blood group identification test (£6) can be performed in minutes and provides an identification card for the user to carry around. Research has found that about 70 per cent of people do not know their blood group.

The allergy test kit (£30), which detects IgE antibodies in the blood, enables sufferers to select three potential allergens from a wide range. A small blood sample from the finger tip is sent to Bodywatch for analysis, with results returned in three to four days. The test is endorsed by the British Allergy Foundation and £1 for every kit sold will be donated to allergy research.

The osteoporosis risk assessment test (£20) is a urine test for the marker released when the body loses bone. By measuring this marker it is possible to detect if too much bone is being lost. The urine sample is sent to PMC for analysis, so advice can be tailored to each individual.

All the risk assessment tests advise consumers what action to take on the results, and there is a telephone advice line. Training days are being held for pharmacists.

The company says that all tests have fully validated technology for accurate results and should carry CE marking within six months.

The kits are being stocked by AAH and UniChem. An internet site will be launched on October 26, accompanied by national press advertising. The campaign will continue in January, possibly with radio or local television advertising.

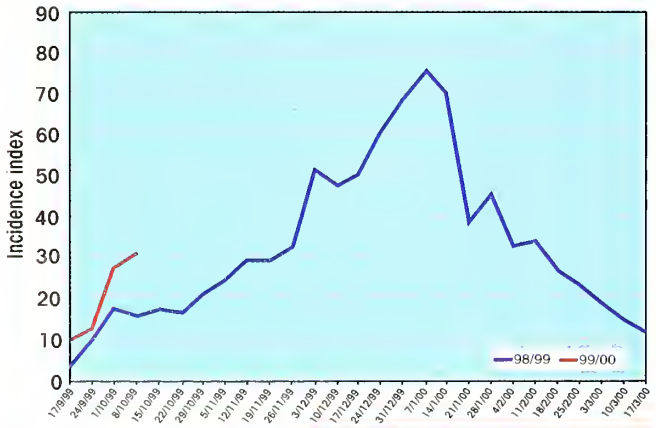
PMC has been providing pathology services to the medical profession since 1989 and, in 1995, developed in-pharmacy testing services including *H pylori* and cholesterol. It hopes to introduce at least three or four more Bodywatch test kits over the next year and will extend its activities into publishing with the launch of an osteoporosis exercise manual.

Pathology Management Co Ltd. Tel: 0171 486 7278.

Cough, cold & flu FORECAST

Information updated weekly by SDI

The incidence of cold and flu across the UK is up by 77% compared with the same week last year. However, despite this increase the UK status still remains on Advisory. A risk analysis on a regional basis, using a scale of low to severe, has identified Manchester, Newcastle and Norwich as having a high risk of respiratory illness, based on current illness levels. Glasgow is the only city with 'Normal' status at the moment. Cough and runny nose are the most reported symptoms this week. Further details from the Warner-Lambert sales force.



SPONSORED BY Benylin

MARKET STATUS

ADVISORY

For the second year, *C&D* is featuring the Cold & Flu Forecast, sponsored by Benylin. The information carried each week will help pharmacists predict peaks in seasonal illness, get product on-shelf at the right time, reduce out-of-stocks and help with inventory management.

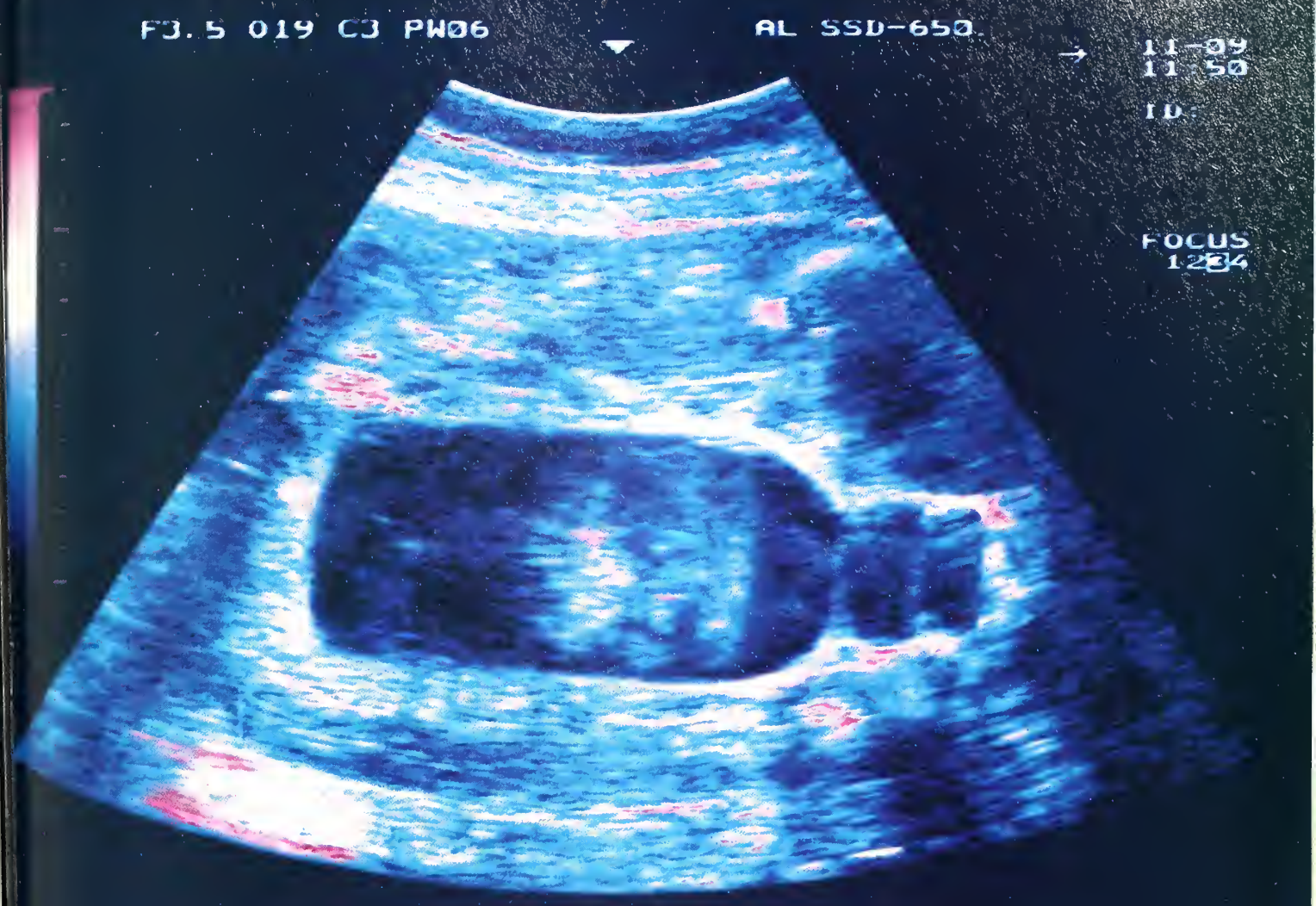
In eight UK cities, volunteer panels including GPs, pharmacists, and staff from hospitals and nursing homes, have been set up and, at the beginning of each week throughout the season, they will report to the Forecasting Centre on the current incidence of flu/cold/respiratory illness or appropriate absences. A complex computer programme then uses weighting factors and algorithms to determine the incidence in each city for that week. By Friday, the Centre is ready to forecast for the following week.

There are five important FAN status levels of respiratory illness:

- **Normal: Little or no increase in respiratory illness**
- **Advisory: A measured increase in respiratory illness**
- **Pre-Alert: levels of illness will go to Alert in 3-5 weeks**
- **Alert Status: A severe increase in illness (peak). 77 per cent of households will be affected. Lasts 8-10 weeks**
- **Advisory Status (down): measured decrease in illness.**

The system also highlights which symptoms are predominant in any 'Alert' period, eg cough, sore throat.

Product Information: Setlers Heartburn and Indigestion Liquid. **Presentation:** Aniseed flavoured pink suspension containing 133.5mg Sodium Bicarbonate BP, 250mg Sodium Alginate BP, 80mg Calcium Carbonate BP per 5ml. **Usage:** Heartburn & indigestion. **Dosage and Administration:** For oral use. Adults and children over 12 yrs: 2-4 x 5ml, children 6-12 yrs: 1-2 x 5ml. To be taken after meals and at bedtime. Not recommended in children under 6 yrs. **Contraindications:** No specific contraindications. **Precautions:** Known hypersensitivity to any of the ingredients. Not to be taken within 1-2 hours of taking other medicines by mouth. Care should be taken in patients on a sodium restricted diet. Seek medical advice if symptoms persist for more than two weeks. **Interactions:** Antacids may affect the rate of absorption and elimination of other drugs. **Pregnancy/Lactation:** May be used during pregnancy and lactation. **Side Effects:** Constipation, flatulence, stomach cramps or belching may occasionally occur. **Pharmaceutical Precautions:** Store below 25°C. Do not refrigerate. **Retail Selling Price:** £4.25 inclusive of VAT per 250ml bottle. **Legal Category:** GSL. **Product Licence Number:** PL4917/0021. **Product Licence Holder:** Pinewood Laboratories Ltd, Clonmel, Ireland. **Date of Preparation:** April 1998. **Reference:** 1. Data on file Stafford-Miller DD 4062.



Stock up now on a new arrival that relieves heartburn and indigestion – fast

- New prescription strength formulation complementing the Setlers range
- With the heritage and reassurance of the Setlers brand[1]
- Suitable for use in pregnancy
- Easy-to-carry plastic bottle with dispensing cap
- £3.5 million support programme for the Setlers brand in 1999

Sodium Bicarbonate
Sodium Alginate
Calcium Carbonate

Setlers investing in category growth.

Activheal goes for the burn

Advanced Medical Solutions has introduced a new hydrogel-based burn dressing to help cool wounds and reduce scarring.

The dressing comes in two parts: Activheal Burn Dressing and Activheal Foam Membrane Dressing. The burn dressing is a blue hydrogel pad containing 95 per cent water and is designed to be placed over the burn for 15 minutes to help cool and soothe it. The hydrogel also helps replace water lost when the skin is burnt. The second dressing is a flexible, breathable and waterproof layer for use after the burn dressing. It provides a moist environment to reduce scarring and infection.

The new dressing comes in packs of three hydrogels and three membranes retailing at £4.49.

Advanced Medical Solutions Ltd.
Tel: 01606 863500.

Disney helps Braun give plaque the brush off

Braun Oral-B has launched new Disney character brushheads for its power assisted plaque removers.

Mickey Mouse, Minnie Mouse, Pluto and Donald Duck brushheads are specially designed for children with shorter, soft, flowered bristles. They have the Indicator system which fades with use to signal the need for a replacement.

The brushheads fit all the power assisted plaque removers in the range and retail at £8 for a twinpack.

Braun is also offering consumers £5 off the D7 children's plaque remover, which usually retails at £29.99, throughout November and December.

Braun UK.
Tel: 0181 560 1234.

Aim to attract 'non-treaters' to Zovirax

Zovirax cold sore cream has a new formulation which is easier to rub in and turns from white to clear more quickly, says Glaxo Wellcome.

The addition of dimethicone enables the cream to be rubbed in four times more quickly than the original.

The launch is being backed by a £2 million media campaign, including national television advertising, which runs from October 18 until mid-December, then again in January. The advertising shows a cold sore sufferer pursuing everyday activities wearing a helmet in an attempt to hide from the world.

Half the UK's 12 million cold sore sufferers do not treat the condition. Glaxo Wellcome hopes to attract more Zovirax users by positioning the brand as acting at the blister stage, as well as at the first sign of a cold sore. Forty per cent of sufferers go straight to blisters without experiencing the 'tingle' stage.

Research into the advice given in pharmacies shows that 86 per cent of sufferers first sought help from the pharmacist, but fewer than one in five were advised about trigger factors such as emotional stress, sunlight and cold weather. While half of those questioned had been told to apply aciclovir at the early warning signs, only 12 per cent had been told to apply the cream five times a day for five days. There is evidence that the sore continues to shed viruses throughout the blister stage so can spread elsewhere during this time.

Nearly nine in ten said they would like to receive more information on cold sores from their pharmacist.

Brand executive Aisling Dillon said: "A few words of advice on cold sore triggers and correct use of the treatment demonstrates the pharmacist's competitive advantage, [and] can help encourage customer loyalty and repeat business."

New counter units are available and the Cold Sore Information Bureau provides information for cold sore sufferers and medicines counter assistants (35 Red Lion Square, London WC1R 4SG. Tel: 0845 603 0052).

Glaxo Wellcome UK Ltd.
Tel: 0181 990 9000.

Centrum's Junior gets the young idea

Centrum is targeting the children's market with Centrum Junior, a multivitamin and mineral formulated for children aged four to ten.

Centrum Junior is a one-a-day chewable tablet with 24 important nutrients based on UK Reference Nutrient Intakes, including vitamins A, B12, C and D, calcium, magnesium, phosphorus, folic acid and iron.

Centrum Junior retails at £4.99 (30) and the tablets, which are suitable for diabetics, are free from sucrose, lactose, gluten, wheat and yeast.

Whitehall Laboratories says the children's vitamin sector is worth £11.2m and accounts for 15.4 per cent of the total category.

Whitehall Laboratories.
Tel: 01628 669011.

NICOTINELL® TTS® 10, 20, 30. All cont… nicotine. **Presentatian:** Transdermol Therope… System containing nicotine, available in three si… (30, 20 and 10cm²) releasing 21mg, 14mg a… 7mg of nicotine respectively over 24 ho… **Indicatians:** Treatment of nicotine dependence, … an aid to smoking cessation. **Dasage a… Administratian:** Stop smoking completely wh… starting treatment. For those smoking more than … cigarettes a day, treatment should be started … one Nicotinell TTS30 (Step 1) patch once da… applied to the skin. Those smoking less should s… with one Nicotinell TTS20 (Step 2) once daily. Si… 30, 20 and 10cm² permit gradual withdrawal … nicotine replacement, using treatment periods … 3-4 weeks with each size. Doses above 30cm² h… not been evaluated. The treatment is designed to … used continuously for three months, but not beya… However, if abstinence is not achieved at the en… the three month period, further treatment may … recommended following a re-evaluation of … patient's motivation. **Contra-indicatians:** N… smokers, occasional smokers, people under … years. As with smoking, Nicotinell is contra-indic… during acute myocardial infarction, unstable … worsening angina pectoris, severe cora… arrhythmias, recent cerebrovascular accid… pregnancy and breast feeding, skin disea… preventing patch application and kn… hypersensitivity to nicotine or patch compone… **Precautians:** Hypertension, stable angina pecto… cerebrovascular disease, occlusive peripheral arte… disease, heart failure , hyperthyroidism, diab… mellitus, renal or hepatic impairment, peptic ul… Discontinue if symptoms of nictone overdos… or severe or persistent skin reactions occur. K… out of the reach of children at all tim… **Side Effects:** Application site reaction. Smok… cessation causes many withdrawal symptoms. Eve… which may be related to smoking cessation incl… headache, sleep disturbances, gastro-intestinal … turbances, and myalgia. **Interactians:** Smok… may increase the metabolism of some medicines. … dosage of these medicines may require re-tailor… on smoking cessation. **Legal Categary:** P. **Ret… Price and Product Licence Nas:** Nicotinell TTS… (PL 0030/0109) in a 2 day starter pack £4.99, … packs of 7 patches £17.49, and 21 £42.… Nicotinell TTS20 (PL 0030/0108) in a 2 day sta… pack £4.50, in packs of 7 patches £16.49, Nicotin… TTS10 (PL 0030/0107) in packs of 7 patch… £15.99 **PL Halder:** Novartis Consumer Hea… Wimblehurst Road, Horsham, West Suss… RH12 5AB. **Date af Preparatian:** August 19… **Saurce:** AC Nielson May/June 1999.

FEEL

FREE

TO SUCCEED WITH THE UK's No1 PATCH PROGRAMME

Over 50% share and growing.

24 HOUR

The 3 easy step Patch Programme with 24 hour support in every patch.

Nicotinell is dedicated to continue the growth of the pharmacy smoking cessation market.

Investing £1 million to support smoking cessation programmes in the community.

£5 million heavyweight advertising campaign.

The Nicotinell®

Stop Smoking Programme

Helps your customers set themselves free from smoking

For further information contact
Novartis Consumer Health on 01403 323953

www.nicotinell.co.uk

Legal category: P

Pfizer butters up pharmacy

Pharmacists and their staff have the chance to win one of 100 jumbo 'Butter-cups' in a competition linked to Pfizer's Buttercup and TCP brands.

Entry forms are available from Pfizer Consumer Healthcare territory managers and the competition consists of ten questions about coughs, colds and sore throats. With the entry form comes a booklet, which has details of symptoms, remedies to recommend and the Buttercup and TCP ranges.

Sales of Buttercup Cough Syrup, are said to be growing at six times the market rate for cough liquids.

Pfizer Consumer Health.
Tel: 01420 84801.

Lyprinol reaches pharmacy shores

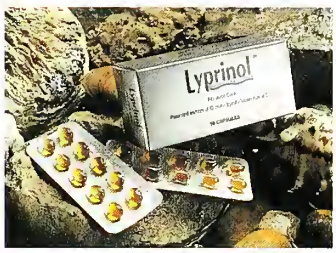
Lyprinol, the New Zealand green lipped mussel food supplement, has been introduced into pharmacies.

Previously only available through mail order, Lyprinol can now be purchased at a recommended retail price of £24.95 for 50 capsules.

Lyprinol is a patented formula of marine oils and is rich in the five main lipid groups and omega-3 fatty acids. Marine oils have shown benefits in controlling the pain and inflammation associated with rheumatoid and osteoarthritic conditions.

Each capsule contains 50mg of patented Lyprinol lipids and 0.3mg vitamin E. The recommended dose is two capsules twice daily for the first three to six weeks. Thereafter, the dose can be reduced to one to two capsules daily.

Lyprinol UK Ltd.
Tel: 01892 750333.



Strepsils enters cough care market

Crookes Healthcare is entering the pharmacy cough sector with the launch this week of Strepsils Cough Lozenges.

Intended for dry, tickly coughs in adults and children over six years, each blackcurrant-flavoured lozenge contains 2.5mg of dextromethorphan hydrobromide. The strength of the lozenge should allow more frequent dosing throughout the day.

Crookes says the £90 million cough product market has lacked innovation for a few years, so it hopes Strepsils Cough Lozenges will revitalise the sector by giving consumers a convenient solid dosage form for treating coughs. In addition, Crookes hopes to appeal to the 45 per cent of cough sufferers who would not normally self-treat their cough.

The launch is being supported with "intensive consumer media relations" as well as a local radio advertising campaign.

The product will also feature in a 'two minute clinic' syndicated radio slot. Point of sale material includes a window display and a counter unit promoting a trial size pack of four lozenges.

Strepsils Cough Lozenges retail at £2.49 for 24 and £0.49 for the trial size.

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

This treatment deals with the irritating effects of stubborn dandruff.

The Polytar part of Polytar AF has long been trusted to treat itchy, flaky scalp conditions.

Polytar AF. Prescribing Information **Presentation:** Polytar AF is a medicated scalp treatment containing the following active ingredients: coal tar blend 1% w/w, and Zinc pyrithione 1% w/w in a shampoo base. **Uses:** For the topical treatment of scalp disease such as dandruff, seborrhoeic dermatitis and psoriasis. **Dosage and administration:** Shake the bottle before use. Wet the hair and massage Polytar AF into the hair, scalp and surrounding skin. Leave for 2-3 minutes, then rinse thoroughly. Use three times weekly for at least 3 weeks or until the condition clears. Prophylaxis for seborrhoeic dermatitis and dandruff: use PA weekly. **Contra-indications:** Polytar AF should not be used by patients with known hypersensitivity to any

Healthcrafts range enjoys facelift

Peter Black Healthcare has relaunched its Healthcrafts range of vitamins and minerals with new packaging and three extra products: St John's Wort, echinacea and selenium.

St John's Wort is a herb said to have beneficial effects in mild depression and seasonal affective disorder. Both echinacea and selenium benefit the immune system.

The new look packaging features a gold cap and icon pictures, which are displayed on the brands' carton packs and focus on the source of the active vitamin or mineral. Each pack also contains a leaflet which provides healthy living information in a question and answer format. A Healthcrafts nutritional advice line has been set up to answer consumers' queries.

The relaunched range and new products will be available towards the end of November. PBH has around 100 products in the Healthcrafts range and aims to trim that number to around 60.

Peter Black Healthcare.
Tel: 01283 228300.

Zantac in £1m launch of GSL packs

A general sale list version of Zantac is being launched this month.

Zantac 75 Relief contains 75mg ranitidine, and has a recommended dose of up to two tablets in 24 hours, for a maximum of six days. It is indicated for the short-term symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity – the same as Zantac 75 with the exception of prevention of meal-induced heartburn. The new product comes in packs of six and 12, at the same price as Zantac 75 (£1.99, £3.89), which will still be available in Pharmacy-only packs of 24. Glaxo Wellcome sees the P pack as suitable for regular users who are more likely to need a pharmacist's advice about long-term use. Zantac 75 P packs six and 12 will be discontinued.

The brand will not be sold through non-pharmacy outlets in the foreseeable future. Grace Chu, Glaxo Wellcome's OTC category manager, says the company decided to seek GSL approval to increase consumer awareness, but wants to restrict the brand to pharmacies so a pharmacist can give advice if necessary.

She explains: "Zantac has a good heritage, with established safety and efficacy so it makes sense to make it more accessible and visible to consumers. But we want to keep it in pharmacies because we want to endorse pharmacy recommendation and advice for gastro-intestinal conditions. We also found that consumers like talking to pharmacists about these conditions."

The launch will be backed by over £1 million support, including TV advertising starting at the beginning of December. The advertising makes clear the product is Pharmacy-only. There will be a public relations campaign in the consumer press, PoS and training materials.

Glaxo Wellcome UK Ltd.
Tel: 0181 990 9000.

Periproducts builds pharmacy business

Periproducts is stepping up its drive into pharmacies with a £150,000 advertising and promotions campaign to support its Retardex and Retardent brands. Both products contain the patented Closys II formula, which is claimed to neutralise the causes of bad breath on contact.

The company is aiming to expand its distribution and has secured its first listing with AAH for Retardex.

The company has also appointed a new sales and marketing manager for the UK and Europe. Mike Corzberg is the former director of trade marketing at The Mentholatum Company, whose brands include Deep Heat and Deep Relief.

Periproducts.
Tel: 01895 625595.

This treatment deals with the **cause** of stubborn dandruff.

The **Anti-Fungal** part of Polytar **AF** effectively controls the yeast that causes problem dandruff.

Precautions and Warnings: Avoid contact with the eyes. Tar products may cause skin irritation, rashes and rarely, photosensitivity. Pyrithione may cause dermatitis, should this occur, Polytar AF should be discontinued. Store below 25°C. **Legal category:** GSL. **Pack quantity:** Polytar AF is available in bottles of 150ml. **Basic NHS Price:** 150ml £4.40. **Product Licence number:** 0174/0071.

Product Licence Holder: Stiefel Laboratories (UK) Ltd. Hollspur Lane, Wooburn Green, High Wycombe, Bucks. HP10 0AU. **Full Prescribing Information is available from:** Stiefel Laboratories (UK) Ltd. Hollspur Lane, Wooburn Green, High Wycombe, Bucks. HP10 0AU. Polytar AF is a registered Trademark. © 1999 Stiefel Laboratories (UK) Ltd

STIEFEL
A Search & Discovery Company

Shock tactics keep Wella looking good

Wella's marketing support for its Shockwaves brand continues this month with advertisements in key teen titles and its 'mega rear' national advertising campaign.

The teenage magazines feature mirrored advertisements with reflective card, while the 'mega rear' campaign offers irreverent straplines such as 'Don't look like the back end of a bus - simply take control with Shockwaves'.

Shockwaves is the UK's leading hair styling range with 18.2 per cent of the market.

Wella Great Britain.
Tel: 01256 320202.

Two-in-one is the essence for Clairol

Clairol has expanded its Herbal Essences haircare range with new two-in-one shampoos with conditioner.

Herbal Essences 2in1 Shampoo plus Conditioner is available in two variants - Moisture-Balancing for normal hair, with lavender, jasmine and aloe, and Replenishing for dry or damaged hair, which includes peony, hibiscus and vitamin E. Each retails at £2.19 for 250ml.

Bristol-Myers.
Tel: 01895 628000.

Numark's tea tree haircare – naturally

Numark says its new own-brand Tea Tree Shampoo and Conditioner respond to consumer demand for natural ingredients.

The launch is being supported with regional PR, featuring a freephone number to help readers find their nearest Numark pharmacy.

The shampoo is presented in a 300ml bottle and the conditioner in a 250ml pump action dispenser to aid wet combing. Both retail at £1.49.

The launch is part of Numark's Risk Free Trial Programme, where each shareholder receives a case of the new product and any left unsold after three months can be returned for credit.

Numark is also relaunching its 100 per cent Money Back Guarantee scheme to encourage customers to try products from the own-brand range, and it is supporting the relaunch with eye-catching PoS.

Numark .
Tel: 01827 69269.

Ready, set, curl with Staylash

Staylash is a brand new gel, which helps curl eyelashes - and keep them curled.

The brainchild of identical twins Joanna Collis and Jane Hose, Staylash is applied just like mascara and is used before curling with eyelash curlers. It helps set the curl and also separates and conditions lashes. A single application is designed to last all day and mascara can be used over Staylash if needed.

The product is dermatologically tested and suitable for contact lens wearers. Presented in a recyclable tube, Staylash retails at £4.99 for 8ml.

Network Health & Beauty.
Tel: 01252 533317/8.

Weleda packs a punch in the cold war battle

Weleda has brought together its top ten products to beat winter snuffles in a special 'Homoeopathy for winter ailments' merchandising unit.

The pack includes the 6C OTC medicines Aconite, Alium cepa, Arsen alb, Belladonna, Bryonia, Euphrasia, Gelsemium, Nat mur, Nux vom and Silicea to tackle catarrh, colds and flu, coughs and sore throats.

The unit, containing three of each medicines, can be displayed on counter or shelf and comes with a matching dispenser for the 'Homoeopathy for winter ailments' leaflet to help with self-selection.

Throughout this month and next the unit is available at a special parcel price of £42.80.

Weleda says it is committed to keeping all its products GM-free and, since the advent of genetically modified soya and maize, the company has been obtaining guarantees from suppliers that they have not been used as a source of Weleda ingredients.

The company is also seeking assurances that none of its ingredients have been produced with the help of other GM substances.

Weleda (UK).
Tel: 0115 9448200.

Time to curl up with Rimmel

Rimmel's new Curly Mascara features a specially designed brush and an advanced formula to lengthen and curl lashes.

The instant Curl brush has three different fibres to comb and separate, lengthen and shape lashes, while delivering even coverage, and the mascara formula lengthens and curls.

Curly Mascara is smudgeproof and flakeproof. It is available in three colours and retails at £3.99.

Coty (UK) Ltd.
Tel: 0181 971 1300.

Breathe more easily with Robinson's

Robinson Healthcare is offering a free case of Easy Breathers with every three cases ordered from a list of selected products.

The offer is available with orders for Robinson Easy Breathers dry vapour inhalant squares, Relief-Xtra magnet therapy plasters, Heat Pad, Feverscan forehead thermometers, Cool-X ice cold plasters and Au-Revoir Nail Varnish Wipes.

Each pack of Easy Breathers contains 30 disposable squares impregnated with aromatic herbal ingredients including camphor, menthol, oil of wintergreen, pine and nutmeg oil, which release powerful, penetrating vapours to help promote clear and easy breathing.

Easy Breathers come in cases of six, with a counter top dispenser unit and a tester pot for customers to trial.

Robinson Healthcare.
Tel: 01246 505450.

ON TV NEXT WEEK

Askit: GTV

Alberto Culver Advanced VO5: LWT, C4, C5, Sat

Gaviscon: All areas

Gaviscon Advance: All areas

Rennie Duo: All areas plus C5

Sensodyne toothpaste: All areas

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Extinguish painful sore throats

When antibiotics are inappropriate for treating sore throats, Strefen™ is a new and effective way to bring relief to painful, swollen sore throats.[1-3]

It is the first prescription only throat lozenge to contain an anti-inflammatory agent.[4]

In clinical trials, Strefen™ has been shown to provide fast-acting relief[2] and reduce the inflammation right at the site of pain.[5]

And it is relief that lasts, as trials have shown that a single Strefen™ lozenge can provide at least three hours of symptomatic relief.[1]

What is more, controlled trials have also shown that Strefen™ is well tolerated.[1-3, 6]

Strefen™ is so simple, effective and well tolerated,[1-3, 6] it's sure to be very popular with patients and doctors alike.

Strefen™

Flurbiprofen 8.75 mg

Relieving the pain of swollen sore throats

PRESCRIBING INFORMATION FOR STREFEN™

Strefen™ Lozenges contain Flurbiprofen BP 8.75 mg per lozenge. **Indication:** Symptomatic relief of sore throat. **Dosage and administration:** Adults and children over 12 years: one lozenge sucked slowly every 3–6 hours as required, up to a maximum of 5 lozenges in 24 hours, and for a maximum of three days. The lozenges should be moved around the mouth whilst sucking. **Contraindications:** Hypersensitivity to any of the ingredients; in patients with existing, or history of, peptic ulceration; history of bronchospasm, rhinitis or urticaria associated with aspirin or NSAIDs. **Special warnings and precautions for use:** Bronchospasm may be precipitated in patients with history of bronchial asthma. Caution is required in: patients with renal, cardiac or hepatic impairment as renal function may deteriorate with use of NSAIDs; patients with hypertension; patients with abnormal bleeding potential as bleeding time can be prolonged. **Pregnancy and lactation:** Use of Strefen™ should be avoided in the third trimester. Flurbiprofen appears in breast milk in very low concentrations and is unlikely to affect the breast-fed infant adversely. **Undesirable effects:** Dyspepsia, nausea, vomiting, gastrointestinal haemorrhage, diarrhoea, mouth ulcers, fluid retention and oedema. Exacerbation of peptic ulceration and perforation, urticaria, angioedema and various rashes have been reported. Very rarely, jaundice and thrombocytopenia (usually reversible), aplastic anaemia, and agranulocytosis have been reported. Transient local irritation of the buccal mucosa may occur, and taste perversion has been reported in trials. **Package quantities:** Strefen™ is available in cartons of 16 lozenges. **Basic NHS cost:** £2.00. **Product licence number:** 00327/0097. **Product Licence Holder:** Crookes Healthcare Ltd , Nottingham NG2 3AA. **Legal category:** POM. **Date of preparation:** September 1999.

References: 1. Benrimoj SI, Langford JH, Homan HD, Christian J, Charlesworth A, Steans A. Efficacy and safety of the anti-inflammatory throat lozenge flurbiprofen 8.75 mg in the treatment of sore throat. Poster presented at the 2nd European Congress of Pharmacology, Budapest, Hungary, 3–7 July 1999. 2. Watson N, Nimmo WS, Christian J, Charlesworth A. Efficacy and safety of flurbiprofen 8.75 mg lozenges in the treatment of sore throat resulting from upper respiratory tract infection. Poster to be presented at the 28th Annual Meeting of the American College of Clinical Pharmacology, Rockville, MD, USA, 16–18 September 1999. 3. A randomised, double-blind, parallel group, placebo-controlled, multiple dose investigation of the safety and efficacy of 8.75 mg flurbiprofen lozenges in the symptomatic treatment of sore throat. Data on File. Boots Healthcare International 1998. 4. Strefen™. Summary of Product Characteristics. Crookes Healthcare Limited 1999. 5. Dollery C. Therapeutic Drugs (2nd Edition) 1999. Churchill Livingstone, Edinburgh. 6. Christian J, Largey PM, Shaw H, Charlesworth A, Richens A. Local and general tolerability of flurbiprofen lozenges in healthy volunteers. Poster presented at XXIX National Congress of the Italian Society of Pharmacology, Florence, Italy, 20–23 June 1999.

STR-99/002

Statutory committee

Exposed by News of the World

Fines and costs totalling almost £8,000 were imposed after medicines were illegally sold to an undercover *News of the World* investigator by a pharmacy in Tottenham, north London.

Prozac, Valium and a methadone substitute were among tablets costing £116 supplied by the pharmacy, which was later unable to account for thousands of other tablets.

The investigator had claimed he wanted medicine for his sick father in Africa, where medicines are difficult to obtain or are expensive, the Statutory Committee of the Pharmaceutical Society heard last week.

Superintendent pharmacist Piyush Patel, of Leverstock Green, Hemel Hempstead, was later fined £5,000 and ordered to pay £2,212.97 costs.

Owners of the pharmacy, Chemgrange Ltd, of Dobber Pharmacy, South Tottenham, where the offences occurred, were fined £500 and ordered to pay £2,000 costs. Both sentences were handed down last November at Haringey Magistrates Court.

Mr Patel, a director of the company along with his parents and wife, denied before the Statutory Committee that the shortfall totalling 9,298 tablets amounted to misconduct. He told the hearing he used black sacks to transport medicines to the company's second pharmacy at 16 How Wood, Park Street, St Albans, to prevent being targeted by muggers. However, building works had taken place at the Dobber Pharmacy, and he assumed some bags had been dumped in a skip by mistake.

He told the Committee: "I would like to apologise for my misconduct and ask for sympathetic treatment. If I'm struck off it will cause hardship to my family."

An article appeared in the *News of the World* on September 14, 1997, under the heading: 'We catch bent chemists making a killing'. A stock check was carried out on October 13, 1997, by two Society inspectors who discovered the shortfalls.

Geoff Hudson, solicitor for the Society, told the hearing that Mazher Mahmood, a *News of the World* journalist, had instructed Paul Angy to carry out test purchases at the Dobber Pharmacy. On September 6 he asked Mr Patel if he could sell medicines, in particular methadone, for him to send to his father in Africa. Mr Patel told Mr Angy if he had a list and brought it in, he could sell him the tablets, apart from methadone, which he had to keep records for, but he offered dihydrocodeine as a substitute.

On September 10, Mr Angy returned with Mr Mahmood. He spoke to Dan, a dispenser, and said he wanted Prozac, methadone and Valium. Dan went to the rear of the pharmacy for a piece of paper with the prices on it and handing it over, told him to return later. Mr Angy returned later that day and was charged £116 for the medicines.

In a letter from the solicitors for Mr Patel, the Committee heard, it was claimed Mr Mahmood posed as a taxi driver, taking Mr Angy to Heathrow Airport for a flight to Africa and added: "He (Mr Patel) feels he was set up and trapped." Mr Patel told the hearing he had been pressurised into the sales because he understood the problems of the people in Africa, which were similar to those of the local community in Tottenham.

Mr Patel was ordered to be struck off but no action is being taken against the company. Announcing the decision, Committee chairman Gary Flather QC said: "We don't want pharmacists who can't stand up to these sob stories. The *News of the World* article is a picture we would never wish anyone to see for our profession."

The Committee found both Mr Patel and the company guilty of misconduct in relation to the missing tablets, describing the bin bag theory as "inherently improbable".

"Our conclusion is what happened with Mr Angy has happened before ... [it was nothing more than] a most unprofessional bit of profit taking."

Pharmacist supplied CD without script

A pharmacist caught and convicted of supplying a Controlled Drug without a prescription by an undercover *News of the World* journalist was struck off the Register last week.

Anant Shah, of Pinner, Middlesex, appeared before the Statutory Committee of the Royal Pharmaceutical Society to answer charges of misconduct, following two convictions at Highbury Corner Magistrates Court on November 12 last year, for selling drugs without a prescription. Mr Shah and his company, Westmidian Ltd, had both been ordered by the Court to pay fines of £2,000 and costs of £2,165 each.

Like the case described above, the convictions followed an investigation by journalist Mazher Mahmood, who arranged for another man to buy drugs from Mr Shah's pharmacy at J Edmunds, Dalston, east London, on September 10, 1997.

On that date the man, again referred to as Mr Angy, was given 100 diazepam tablets in an unlabelled bottle and a box of Prozac capsules. No prescription was handed over and Mr Angy was charged £41.99 for the drugs.

Following publication of a *News of the World* article on September 14, 1997, Mr Shah was interviewed by an inspector, and told him that both drugs would only be supplied from his pharmacy against a prescription. However, he produced records which revealed that he had supplied 30 Prozac tablets as an emergency supply to a man whose father could not get the medication in Cameroon, West Africa.

At a second interview, Mr Shah admitted he had sold Prozac and Diazepam to Mr Angy without a prescription. However, he insisted that he told Mr Angy that he needed a prescription for the two drugs. The Committee was then shown a video recording of the incident. Geoff Hudson, solicitor for the Society, pointed out that there was no "evidence of a prescription and no discussion of a prescription".

Mr Shah admitted to the Committee being pressurised by Mr Angy, who had begged for drugs for his sick father in Cameroon.

He was at a loss to explain why the *News of the World* had targeted his pharmacy. His representative, Mr G Purvis, suggested the Committee bear in mind the role of *agent provocateur*, adding: "These two offences would not have occurred but for the intervention from the *News of the World*."

His client had received no complaints, nor was he subject to any disciplinary matters in his 16 years of practice. Even the newspaper article was forced to admit there was no evidence of "under-the-counter-trade".

However, Mr Flather did not accept that Mr Shah was set up, and that it was an isolated incident. He took the view that the newspaper targeted Mr Shah's premises as "one which was likely to give rise to the breach of law in supplying medicines without a prescription".

The Committee also thought of as "rubbish" a note written by Mr Shah describing the supply of Prozac as an emergency. It was shocked that instead of giving a five-day supply, Mr Shah had handed over 100 tablets of diazepam. It took the view that "the note was invented in order to make the position better" and to "cover up what has happened".

Product information

Active Ingredient: Peppermint oil BP 0.2ml

Presentation: Light blue/dark blue sustained release enteric coated capsule.

Uses: Relief of the Symptoms of Irritable Bowel Syndrome (IBS).

Dosage and Administration:
Adults and Elderly: 1 or 2 capsules three times a day, according to discomfort, for up to 2 weeks. With medical advice may be used up to 3 months.
Children: No experience below the age of 15 years.
Do not take immediately after food or with indigestion remedies.

Special Warnings and Precautions: The capsules should be taken whole, they should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth or oesophagus.
The diagnosis of IBS should be confirmed by a doctor. A doctor should be consulted where - (a) patient is 40 years or over with changed symptoms or long gap since last attack, (b) blood passes from the bowel, (c) nausea or vomiting, (d) paleness/tiredness, (e) severe constipation, (f) fever, (g) recent foreign travel, (h) pregnancy or possible pregnancy, (i) abnormal vaginal discharge or bleeding, (j) difficulty or pain passing urine, (k) loss of appetite or loss of weight.
The patient should consult their doctor if new symptoms occur or there is a lack of improvement after two weeks.
Safety has not been confirmed in pregnancy or lactation and it should not be used unless directed by a doctor.

Adverse Effects: Occasional heartburn and peri-anal irritation. Allergy to menthol in the oil is rare: symptoms are rash, headache, slow heartbeat, muscle tremor and clumsiness, which may occur in conjunction with alcohol.

Overdose: Gastric lavage. Symptomatic treatment.

Package Quantities: Colpermin is available in cartons of 20 or 100 capsules.

Price: 20 capsules £2.75 trade, £4.85 RSP (£4.13 exc. VAT); 100 capsules £10.96 trade, £19.32 RSP (£16.44 exc. VAT).

Legal Category: GSL.

Pharmaceutical Precautions: Store below 25°C; avoid direct sunlight.

Product Licence Holder: Pharmacia & Upjohn Ltd, Davy Avenue, Milton Keynes, MK5 8BR, UK. Tel: 01908 661101. Colpermin is a registered Trade Mark.

Product Licence Number: PL0032/0218.

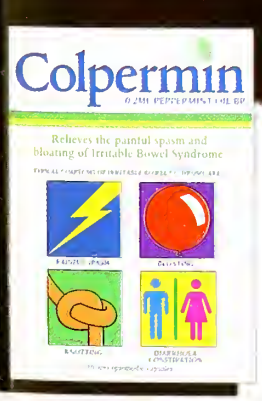
Date of Preparation: February 1999.

Colpermin

£1M national consumer spend

Millions suffer from Irritable Bowel Syndrome, often in silence. THE bloating, spasm and endless trips to the loo can be embarrassing and painful. But there is a treatment that you can recommend to help. It has an ENTERIC COATING, that is specially designed to reach the bowel intact, which ENSURES its effective formulation can deliver relief exactly where it's needed. First it acts as an ANTISPASMODIC, relaxing the bowel to soothe the cramps and ease the pain. Then, as a CARMINATIVE to disperse the trapped wind that makes them feel bloated. Don't treat it as just another syndrome. Help give SUSTAINED RELIEF for the distressing symptoms of IBS with the treatment that leads the market.

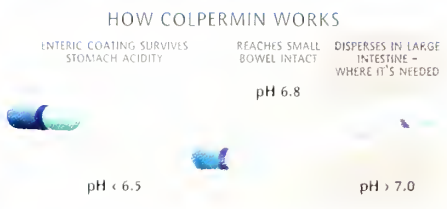
Colpermin
0.2ML PEPPERMINT OIL BP



Make living with Irritable Bowel Syndrome easier

For more information, or to order Colpermin please contact your Pharmacia & Upjohn representative or call 0800 801 454.

www.colpermin.co.uk



Fybogel mebeverine opens Pharmacy doors to IBS sufferers

A unique new OTC product is shining a light at the end of the tunnel for diagnosed IBS sufferers – Fybogel Mebeverine.

Although IBS is a relatively new condition, it has already made a huge impact on modern society, affecting 15-20% of the Western population. It can have a significant effect on quality of life, with severe symptoms disrupting sufferer's lives so much that it can even become difficult to travel or go out.

Unfortunately the variety of symptoms means IBS is often difficult to diagnose. Sufferers may experience intermittent abdominal pain and complain of a bloated stomach. Constipation and/or diarrhoea are also common symptoms, along with faecal incontinence and passage of mucous.

In addition, numerous secondary symptoms may be experienced, ranging from nausea, lack of appetite and lethargy, to back pain, urinary frequency, flatulence and a feeling of incomplete evacuation after passing a stool.

The absolute cause is still unknown, however, research suggests an IBS attack can be brought on by certain foods or increased stress levels. Reproductive hormones are also thought to exacerbate the problem, with women experiencing more problems during menstruation – a fact that may help to explain why women are twice as likely to develop IBS as men.

Although there is no cure for IBS, the symptoms can usually be controlled through diet, stress management and treatments like Fybogel Mebeverine. Uniquely formulated with two active ingredients to treat the two main symptoms of IBS, Fybogel Mebeverine has come to the OTC market with a successful 14-year Prescription Only background. Fybogel Mebeverine's two active ingredients, ispaghula husk and mebeverine hydrochloride, treat both major symptoms in one go – helping to regulate bowel function and ease abdominal pain[1].

Ispaghula husk is effective in constipation due to its high soluble fibre content (80%), which softens the stool by retaining water. Meanwhile, the proven anti-spasmodic mebeverine hydrochloride works on abdominal pain by relaxing the smooth muscles of the bowel.

The brand is backed by compelling clinical evidence that highlights why Fybogel Mebeverine represents such an advance in the OTC treatment of IBS. One study, comparing Fybogel Mebeverine with mebeverine tablets and high fibre dietary advice, found that treatment with Fybogel Mebeverine gave 65% greater relief from abdominal pain and more than twice the improvement in bowel dysfunction.

Fybogel Mebeverine, which was only taken twice a day by the majority of patients, gave 27% more completely pain-free days and reduced overall episodes of pain, as well as improving stool consistency[2].

Suitable for adults and children over 12, the contents of one orange-flavoured sachet should be mixed with cold water and taken half an hour before breakfast and the evening meal. If necessary, a third sachet can be taken before lunch.

The granules are gluten and sugar-free, making Fybogel Mebeverine suitable for coeliacs and diabetics, so you can be confident in recommending it to all your IBS customers.

Reckitt & Colman are supporting the OTC launch of the brand with a mailing, a new consumer leaflet, pharmacist training packs and POS materials including leaflet holders, display units and shelf edgers. So take advantage of all this great support and stock up now on Fybogel Mebeverine – a treatment worth shouting about.

References:

1. IMS MDI Q4 1998.
2. Dettmar PW and Sykes J, *Journal of Clinical Research* 1998; 1: 453-459

FYBOGEL MEBEVERINE ESSENTIAL INFORMATION. Active Ingredient: Each sachet contains 3.5 g Ispaghula Husk BP and 0.135 g of Mebeverine Hydrochloride BP. It also contains sodium saccharin. **Indications:** For the symptomatic relief of irritable bowel syndrome. **Dosage Instructions:** To be taken as a suspension in water. Adults and children over 12 – one sachet morning and evening before meals, an additional sachet may be taken before the midday meal if necessary. Children under 12 – not recommended. Hypersensitivity to any ingredient. Intestinal obstruction, faecal impaction and colonic atony such as senile mega-colon. **Precautions and Warnings:** Not recommended for children under 12. Fybogel Mebeverine should not be taken in the dry form. Gastrointestinal obstruction or impaction have been reported with hydrophilic mucilloid preparations when taken with insufficient liquid contrary to administration instructions. As the product contains 7 mmol of potassium per sachet, caution should be exercised when potassium supplements or potassium sparing diuretics have been prescribed. **Side Effects:** None known. **Marketing Authorisations:** Fybogel Mebeverine 0063/0025. **Supply Classifications:** Pharmacy only. **Holder of Marketing Classifications:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS. Fybogel Mebeverine and the sword and circle symbol are trademarks.

Shopper psychology

How can you meet your customers' expectations in 2000 and beyond? It might help to look at the psychology of shopping – or how the shopper shops when they are in a store. Ken Donnelly and Duncan Seth-Smith from Procter & Gamble investigate ...

Jason Bennion

No matter how big or small your pharmacy, the person shopping from your fixtures will behave in different ways depending on what they see and how it looks.

Research into 'shopper psychology' shows shoppers behave differently with different categories of goods. Researchers have observed shoppers in action, and recorded them by various means including putting cameras on their heads to study eye movement at the fixture.

Questionnaires, accompanied shopping trips, and different merchandising practices have also been analysed.

A key point, which research has highlighted, is that shoppers are becoming more sophisticated, more educated and, frankly, more cynical. Take a simple birthday cake as an example: our mothers used to buy all the ingredients, mix them up and bake the cake in the oven.

Then they were able to buy a cake mix - they still 'made' the cake but it was easier and faster. Lately they have been able to buy the whole cake, already made into a Thomas the Tank Engine. Now they can buy the total birthday party experience with the cake thrown in.

Increasingly, shoppers are postponing decisions on purchases. It is an alarming fact that 76 per cent of all purchase decisions are actually made in front of the fixture.

Shoppers are also making more impulse purchases, and nowadays they are much more interested in the appearance of the products. This represents a real opportunity for retailers to excite people once inside the shop.

The shopping environment is also becoming more important. All shoppers, even those with high disposable incomes, still need to be enticed into buying in an outlet.

Shoppers' behaviour can also change depending on where they are in the store. For example, in the feminine protection section, the shopper is known to be loyal to type and brand. She knows which products she prefers, so she is in 'buying mode' and wants to spend only a few seconds selecting her purchase.

In the skincare section, however, you are likely to find the same customer in 'browsing mode' because of the 'treat for me' element of the purchase.

Shopper behaviour is also proven to change depending on what type of store you are in. When doing the weekly grocery shop, the shopper is not in a browsing, self-treating mode. They have a set chore to do and it's difficult to browse when the environment is pressured and when they may have members of the family with them.

For this reason the research shows that pharmacy wins over grocery in offering an environment where people can browse more successfully - and this is particularly true for the cosmetics and skincare categories.

How we shop

It is important to recognise that shoppers have a limited attention span, the mind can only cope with small 'chunks' of new information.

The brain can handle approximately six chunks of information at a time. A chunk may be the price of a product on a shelf card, or a piece of display material.

And as in all things, experience counts. Regular shoppers will assimilate chunks more efficiently. Remember learning to drive? At first there are so many new things to remember - changing gear, steering, indicating and so on. These are all individual chunks to a novice driver. However, with experience all these become just one big chunk.

To put this back into context, each shopper is receiving many chunks of new information each time she or he visits your pharmacy. It follows, then, that if you wish to sell more product, the fixture needs to clearly display the products in the same locations each time. The fixture should be uncluttered and not give out too many different messages.

Contrary to popular belief, shoppers don't start shopping by choosing what they want. They first deselect what they definitely don't want. Shoppers expect to find products of the same type grouped with other similar products. Shoppers with no teenagers in the family will deselect an entire teenage segment before shopping for their own needs.

Keeping it simple is important. If the fixture has a complex layout, it is not easy to deselect those unwanted products quickly, so the shopper gets frustrated. And if the layout is really unclear they find it impossible to deselect anything, which means that even if they see a brand, the brain may not register it, so they are not going to buy it. They experience what is known as 'lock out'.

Here is an example to demonstrate this: how many times have you been

Continued on P24 →

→Continued from P23

asked by a customer to help them find a product, only to show them that they are actually standing right in front of it? They are experiencing 'lock out'.

Clearly segmented fixtures are those which put like products together and help shoppers to quickly locate areas of interest. This allows more time to be spent making a decision. A correctly laid out fixture, where shoppers can find the products they want, can actually make them believe that the store stocks a bigger range than it actually does.

One study took shoppers to the feminine hygiene sections in six different retail chains to determine which had the best choice.

Despite the variety of the outlets, all the participants agreed that the same outlet had the best range. Yet this outlet actually had the smallest range - approximately 30 per cent less than the other stores.

Why? Because the fixture was clearly segmented, products were laid out in a logical order and were easy to see and find.

No purchase

The difference between browsing mode and buying mode has already been mentioned. A shopping habits study has revealed that people can visit a store knowing what they want to purchase, and if they cannot find the product they will leave.

An actual example of this was a survey conducted in all sizes of Boots stores. It found that an amazing 80 per sent of the people who visited their stores between 11am and 2pm knew exactly what they were going to buy. However 43 per cent of those people actually left the store without making a purchase.

In addition, shoppers who wanted to purchase at the feminine protection fixture spent an average 47 seconds in front of it. That is a long time when you know what you are looking for.

How can these two facts be explained? Despite the shelves being planogramed, the presentation of products was unclear - they were not displayed in a logical order and there was no clear segmentation within the fixture. Implementing a planogram alone isn't enough - the layout of the products needs to be thought through, too.

This means proper segmentation. A category where this is usually done well is wine. The first decision when making a selection in a store is whether you want red or white. Once you have done this you can ignore half the shelves.

For most people the second decision will be the country of origin - French, Australian, South African. These sub-segments of the category are therefore presented together on the fixture. After that, factors such as price, sweetness, brand and so on determine choice. Next time you visit an off-licence ask yourself how easy the layout makes it for you to find your chosen wine.

Try doing this in a lot of other categories and it is not as easy to deselect what you're not interested in. That's the real challenge when trying to merchandise products effectively.

When selecting, however, people often rely on being reminded of what they want. Some of the best memory triggers are pictorial, so some people shop by imagining the rooms of their house, members of their family or even the images on TV adverts.

If fixtures are too complicated and cluttered the things that can trigger memory cannot be seen. The key is, less clutter and fewer, more noticeable messages and promotions, and point of sale which links memory to TV adverts.

Over time, shoppers learn where things are in the store and they create a map in their mind to help them locate products. This is why they are initially so annoyed when a category has been moved and they have to look for it.

Brand leaders most often act as a signpost to where a category is. For example, someone looking at Nurofen knows that they are in analgesics, and someone looking at Colgate knows they are in oral care.

Some signpost brands stand for more than just their immediate category. When people see Gillette they know they can find the whole men's toiletries section, not just razors, so it's important to make the signpost brand visible.

Another important reason for ensuring signpost brands are clearly visible is because 70 per cent of shoppers choose their products by first locating the brand leader or signpost brand, and then scanning around it to locate other brands and make a choice. The choice is not necessarily the signpost, but this is how they enter the category.

If shoppers can't find the signpost brand they may not find the category at all and leave without making a purchase. Helping shoppers spot these signpost brands as quickly and as easily as possible is important.

Camera research shows that our blink rate reduces by half when we are shopping. This means we are actually semi-comatose because of overload of the visual sense. However, strong merchandising of signpost brands can interrupt our peripheral vision, which raises the blink rate and gets us involved in a category again.

Vertical blocks of colour are particularly good triggers because they are easier to see as you approach, and they make you stop. It's a subconscious trigger from the dinosaur days - if it's big and moving it's worth looking at just in case it's your lunch.

This is why merchandise is vertically blocked, especially in larger stores, because the research shows that a 15in block of colour is strongly noticed.

When deciding upon the actual position of products and categories, the rule is that they need to be located with other similar or complementary products. If baby wipes are located next to nappies, customers will shop across the whole range, but if they are not located logically people either ignore or don't see them.

Having understood the importance of the segmentation and signpost brands, the next question is how to apply it to the layout of a fixture.

All too often stores send too many messages to each shopper. An average store has several thousand SKUs, and that's a lot of product to see before they take in all of the signs, pricing information, point of sale material, plus other in-store messages. Not surprisingly, this leads to confusion and 'lock out'.

In addition, products on most fixtures are not clearly segmented and don't match the shoppers' decision making processes.

Don't move!

What else do stores do wrong? Some retailers regularly move categories around: M&S is well known for this, but the practice is received more negatively than positively. Any shopper knows just how annoying it is when you have to find where your items are all over again.

Sometimes major movements are justified, such as in highly seasonal businesses or after a refit. However, research shows that it can take two or more shopping trips to learn the new layout of the store, so you should expect an initial negative reaction prior to any positive effect.

It isn't uncommon for stores to put brands of their own preference into the most visible spots on the fixture and site the signpost brands in less conspicuous places.

There is research, though, to show that if you put lesser known brands in the prime areas you can actually decrease sales. People are expecting to find well known brands in the 'hot spot' and when they do not find them quickly, believe the store does not stock them at all.

Research also shows that it is not only where products are positioned in the store, but also where they are on the shelf which can have an impact on category sales. Contrary to popular belief, camera work shows that the hottest spot on any fixture is 15 degrees below eye level - we are more comfortable looking down than up. This then is the prime spot for signpost brands

The shopper can also be frustrated if a lot of incomplete ranges are stocked. Research carried out in pharmacies in the UK shows that the shopper wants increased choice.

This means that he or she wants to buy all of their items in one go, not split their purchases of the same range between two stores which stock different elements of that range. Gillette and Oil of Ulay were two of the most quoted examples of this in the study.

The level of attention which a shopper gives to each brand also increases relative to the amount of space given to that brand, so give more space to the brands which you want your shoppers to buy.

Key points to look out for in planograms

- Help the shopper deselect by cleorly segmenting the cotegories
- Merchandise in vertical blocks so that they cotch the eye
- Put product cotegories in a logicol order which reproduces the decision moking process
- Moke sure shoppers con see the signpost bronds to help them identify where they ore. Put strong brands in prime sites
- Give the best-selling products more spoce
- Offer complete ronges where they are expected

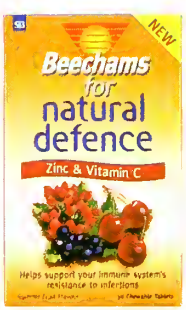
A new way to relieve your customers' cold and flu symptoms.

Research indicates that as many as 57% of your customers would like to use alternative medicines more often but are unsure about what products to use.*

New Beechams for Natural Relief Echinacea and Garlic contains natural ingredients known for their anti-inflammatory and anti-infective properties. Recommended at the first signs of a cold or flu, Beechams for Natural Relief relieves cold and flu symptoms and helps to speed up the recovery process.

*Source: Mintel, Complimentary Medicines, Market Intelligence, March 1999

A new way to help maintain your customers' immune systems.



When winter viruses attack the body's natural response is to activate its immune system.

So if your customers don't always have a healthy balanced diet, new Beechams for Natural Defence taken daily will help maintain their immune system by supplying them with essential Zinc and Vitamin C.

A massive £1.6 million magazine, press and bus advertising campaign, an integrated consumer PR programme and the benefit of a further £4 million TV spend on the Beechams brand this winter.

Stock up now. Because it's that Beechams time of year again.

Beechams for Natural Relief Echinacea and Garlic. Product Information. Presentation Yellow sugar coated tablet containing Garlic Powder BHP 330 mg, Echinacea BHP 50mg. Uses. Herbal remedy for the symptomatic relief of colds and flu. Dosage and administration Adults. 2 tablets 3 times a day with water. Do not chew the tablets. Children: not recommended. Contraindications Sensitivity to any of the ingredients. Precautions Do not exceed the stated dose. Pregnancy and lactation. Not recommended. Legal category. GSL. Product licence number PL 00418/5063. Product licence holder. CPS, William Nadin Way, Swadlincote, Derbyshire, DE11 0BB. Distributed by SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. Package Quantity and RSP 30s £3.99. Date information prepared. July 1999. **Beechams, Beechams for Natural Defence and Beechams for Natural Relief are trademarks of SmithKline Beecham.**

Beechams

Prescribing Information
E45 Itch Relief Cream
E45 Itch Relief Cream contains
lauromacrogols 3%
Usage
skin conditions where an antipruritic and/or hydrating effect is required.
Dosage and Administration:
Adults, the Elderly and Children: E45 Itch Relief Cream
Contra-indications:
Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute erythroderma, acute inflammatory, oozing or infected skin lesions.
Special Warnings and Precautions for use:
May cause irritation if applied to broken or inflamed skin. It should not be used on the breasts immediately prior to breast feeding during lactation.
Undesirable Effects:
Package Quantities:
Cost: £3.29. (RSP)
Legal Category:
GSL.
Product Licence Number:
00327/0122
Product Licence holder:
Crookes Healthcare, Nottingham, NG2 3AA.
Date of Preparation:
July 1999.
References:
1. The Independent Community Pharmacist 1999; April: 52.
2. Frietag G & Höppner T. Curr Med Res Opin 1995; 13 (9): 529-537.
3. Vieluf D, Matthies C, Ring J. Z Hautkr 1992; 67 (9): 816-821.
A calming effect when eczema gets really itchy
People with eczema say the worst symptom of their condition is the itch; it affects almost every aspect of their lives.[1] Now you can put them at ease with a new OTC recommendation E45 Itch Relief Cream.
As well as rehydrating dry, irritated skin,[2] E45 Itch Relief Cream is formulated with a soothing anti-pruritic. This dual action is clinically proven to calm the itch and help prevent scratching.[2-4]
So recommend the calming effects of E45 Itch Relief Cream. It helps make itchy eczema easier to live with. For everyone.
NEW
New
DERMATOLOGICAL
E45
Itch Relief
Cream
E45
Lauromacrogols, urea
At ease about eczema

PHARMACY update

Giant leap

Dr Pierre-Marc Bouloux and Dr Jayadave Shakher of the neuro-endocrinology centre at the Royal Free and University College Medical Schools discuss acromegaly

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1142), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* NOVEMBER 13, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be aware of the role of growth hormone in acromegaly
- To recognise the signs and symptoms of the disease
- To be aware of the diagnostic procedures involved
- To understand the principles of management
- To be aware of the importance of follow up

Acramegaly is an extremely rare condition caused by excessive and inappropriate productian of the growth hormone (GH) in adults. When patholagical GH excess occurs before epiphyseal fusian in the lang bane, the candition is known as gigantism.

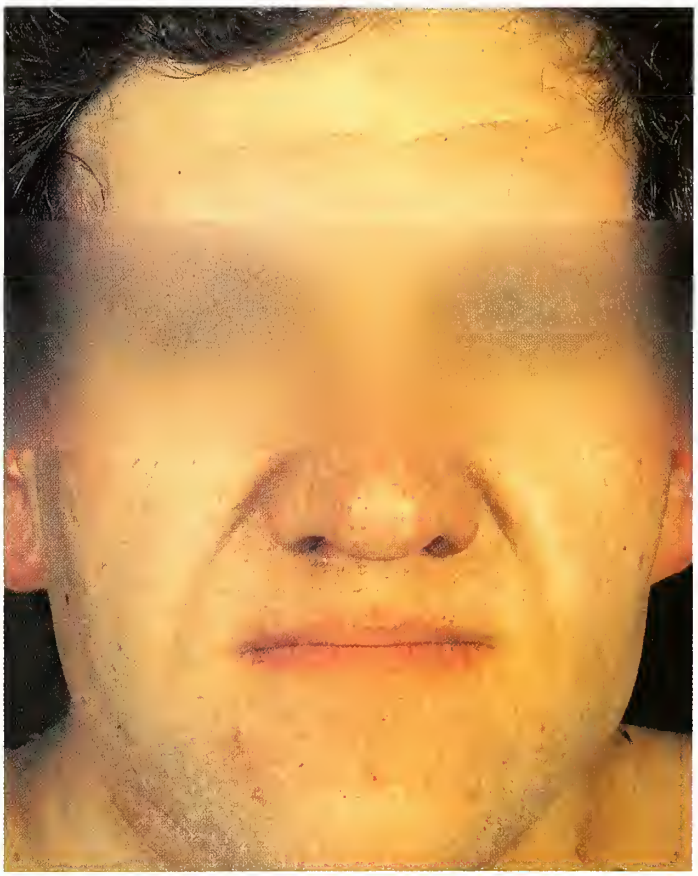
Only three to four new cases of acramegaly per million are diagnosed each year and there are only 40-60 sufferers per millian. The mean age af anset is 32, with diagnasis typically several years later, at age 39-42.

An overwhelming majority af cases af acromegaly (95 per cent) are due to benign tumours of the anterior pituitary gland, also referred to as samatotroph adenomas.

In 30 per cent af cases, GH excess is assaciated with hyperpralactinaemia, which is due either ta prolactin secretion from the pituitary gland, or ta compressian of the pituitary stalk by a tumaur, which impairs the delivery of the inhibitory neurotransmitter dapamine to the normal pralactin-producing cells.

Just 1 per cent of cases are of ectopic (out of place) origin, mastly due to ectapic growth hormone (GHRH) secretion from carcinaid tumaurs of the lung, pancreas and gastraintestinal tract.

At the time af diagnosis, 70-75 per cent af patients present with macraadenoma (>1cm) and the rest with microadenoma.



Acromegaly is a disorder characterised by enlargement of the face

Definition

Acromegaly is a disorder characterised by pragressive enlargement of the head, face, hands, feet and thorax due to excess secretion af growth hormone.

Normal function

The secretion of GH fram somatotroph cells in the pituitary gland is controlled by hypothalamic GHRH (which stimulates GH release) and somatastatin (which inhibits it). This results in GH being released in a series of pulses, with six to 11 pulses occurring each day. During adolescence, the size and frequency of GH pulses are accentuated, particularly at night.

GH release can also be stimulated by stress, hypoglycaemia, exercise, fasting, sleep and food intake, particularly foods containing certain amino acids.

The main function of GH is to promote linear growth, and GH receptors are found in various tissues with particularly high density in the liver and adipose tissue. GH mediates its action through the generation and secretion of IGF-1, the insulin-like growth factor, particularly fram the liver. IGF-1 can help suppress GH secretion via the pituitary and hypothalamus, the latter by stimulating the release of samatostatin.

IGF-1 is one of the mast potent mitogenic hormanes known. It acts on specific plasma membrane receptors which share common signalling pathways to insulin. Release af IGF-1 from its binding protein – and thus its half-life – is tightly regulated.

Continued on PII →

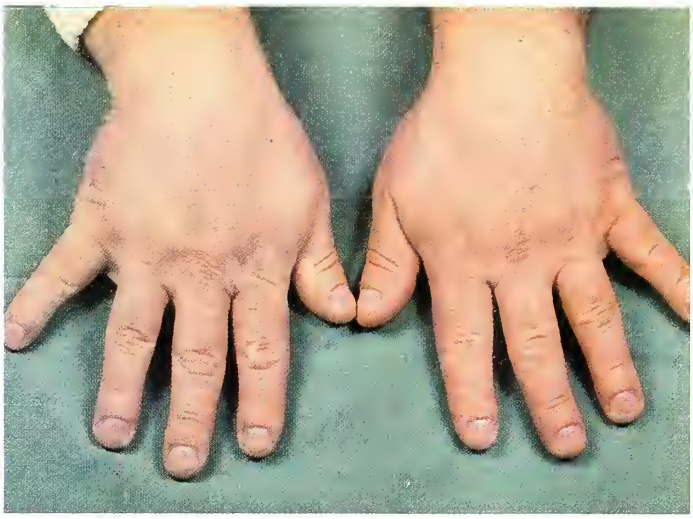
Continued from PI

Clinical manifestations

The onset at acromegaly is insidious. A laok thraugh photographs ot the patient taken over a period of time moy help date the origin ot the disease ta severol years betare clinical presentotion.

Most potients present between the oges of 30 and 50, but the disease may occur eorlier and younger patients tend to hove larger tumours and a more aggressive diseose.

Acromegaly not only causes physical distigurement, but olso morbidity from cardiovascular and respiratory complicatians. There is also a suggestian that it is linked ta a twa- to three-fold increase in colorectal cancers in porticular.



Soft tissue growth in hands leads to them becoming spade-like

Signs and symptoms

The signs and symptoms of ocromegoly moy be due to the locol effect of the tumour and the effect at GH and IGF-1 on tissue.

Locol compression of surraunding cells moy result in hypogonodism, hypoodrenolism ond hypothyroidism. When tumours extend upwords they moy campress aptic chiasma ond couse visuol field defects.

Other common symptoms ore heodoche (in 50 per cent of coses due to stretch ot duro – membrone araund the brain ond spinol cord) ond sweoting. The enlorgement of soft tissue, cortiloge and bony overgrowth is moinly due to IGF-1.

Chranic effects include thickening at the skull leoding to trantol foreheod bossing (protrusion), voluminous nose, ond protrusion af the jaw, resulting in non-olignment at the teeth. Mocroglossia (enlorgement ot the tangue) is common.

Soft tissue growth in honds ond feet meons honds become spode-like, with on increose in ring or glove size, ond lorge feet, with chonges in shoe size. Skin becomes thickened and aily. The other comman camplaint is hyperhidrosis or excessive sweoting (in 88 per cent ot coses).

An increose in soft tissue beneath the flexor retinoculum means sufferers may be predisposed to corpol tunnel syndrame ond in long-stonding coses, degenerotive orthritis of the knees, hips ond spine moy supervene. Unexploined photophabio con occur. These externol chonges are occomponied by enlorgement at variaus internol orgons, thyraid ond solivary glonds.

GH also causes peripherol insulin resistonce, which results in hyperinsulinoemio in 70 per cent of potients, with 50 per cent suffering impoired glucose talerance and 10-25 per cent overt diobetes mellitus. Hypertension, occurring in 25 per cent of potients, could be due ta increased tatal body sadium and exponded plosmo volume.

Cordiomegoly occurs in 15 per cent of potients and this moy be due ta hypertensian, atherasclerosis or to cordiomyopothy. Hypercolciurio is cammon ond con result in renal stones in 11 per cent ot potients.

Diagnosis

In advonced disease, the diognosis is usuolly opporent. Potients moy present with headache ond visual impairment, while sweating, sleep opnoeo, snoring, ond corpol tunnel syndrame moy point to the underlying diagnasis.

In wamen, goloctorrhaeo (o spontoneous flow af milk) is coused by roised proloctin os well os amennorrhoeo ond loss ot libido, which moy olsa be due ta suppression at ganadatraphs. Similor harmonal disturbonce may couse loss of libido ond impotence in men.

1 Biochemical diagnosis

Acromegoly potients usually hove raised basal fosting GH levels. Single meosurements are nat reliable, however, os this elevatian could be minimal and could overlop with normol ronge. GH secretion is episodic ond elevotions ore olso seen in physiologicol conditions such os poin, stress, onxiety, exercise, fosting, pubertol growth ond pregnoncy ond pothologicol conditions such os chronic renol toilure, cirrhosis, molnutrition, onorexio nervoso ond type 1 diobetes mellitus.

2 Oral glucose tolerance test

In healthy potients, o 75g glucase laod should leod to suppression ot GH levels ta less thon 2mu/l within twa haurs.

Active ocromegolic potients, moy show o porodoxicol rise, on absence of response or some suppression, but not to <2.0mu/l and nat ta undetectable level. As secretian at GH moy be stimuloted by causes other thon acromegoly, this test is not specific, but it is still the moinstoy of biachemicol diognasis.

3 IGF-1 estimation

IGF-1 levels ore elevoted in olmost oll potients with ocromegoly ond these levels correlote with the severity of clinical disease. Meosurement at IGF-1 moy therefore be useful in equivocol coses. IGF-1 levels ore porticulorly useful in indicoting residual disease activity after treatment.

The biachemicol ossessment ot ocromegaly is incomplete without determining remoining pituitory tunction. Visuol field ossessment is usetul, especiolly betare surgery far mocroadenamo, with subsequent follow-up it required.

4 Radiology

Scanning with MRI precisely defines tumour size and its effect on lacol onotomy.

Ploin pituitory radiology moy show enlorged trontol oir sinuses and protruding jaw.

Treatment

Treotment tar ocromegaly aims ta olleviote symptams ond ta reduce morbidity ond martality by restoring GH to meon volue <5mu/l and IGF-1 to narmol, with minimol disruptian to normal onterior pituitory tunction.

Three modes at treotment ore currently ovoiloble:

1 Surgery

This remains the treotment at chaice, pravided on experienced neurosurgeon tarms port of the team. A recent review has emphasised the value ot surgicol experience in ochieving o better 'cure at GH' and reducing complicotions. Tronsphenoidol surgery, vio the nose, is the preferred route in microodenomo and most mocroodenomos. A

Continued on PIV →

Prescribing Information (refer to Summary of Pro Characteristics before prescribing). **LOSEC® MI Tablets** (omeprazole). **PRESENTATION:** Losec® MI Tablets containing 10mg, 20mg or 40mg omepra (O). **USES:** Oesophageal reflux disease (C Duodenal and benign gastric ulcers (DU & GU). F of acid-related dyspeptic symptoms (e.g. heart epigastric pain). NSAID ulcer prophylaxis in pat with history of gastroduodenal lesions. *Helicob pylori* eradication: in combination treatment antibiotics. Acid aspiration prophylaxis. Zolli Ellison syndrome. **DOSAGE & ADMINISTRA** Adults (including the elderly): Healing: 20mg for 4 weeks in GRD and DU. In ORD, continue for further 4-8 weeks if required. In benign GU daily for 8 weeks. In severe or refractory cases daily. Maintenance: In GRD, recurrent DU and ulcer prophylaxis 20mg daily should be used. I reflux and DU relapse prevention, 10mg to daily as appropriate. Acid related dyspepsia: 10 20mg daily for 2-4 weeks. Investigate patient do not respond after 4 weeks or those who re shortly afterwards. *Helicobacter pylori* eradic DU and/or GU disease: Losec 40mg daily antibiotics in dual therapy for 2 weeks or therapy for 1 week as follows:- OA: amoxycillin 7 to 1g bd. OC (for DU only): clarithromycin 500m OAM: amoxycillin 500mg tds, metronidazole 4 tds. OCM: clarithromycin 250mg bd, metroni 400mg (or tinidazole 500mg) bd. OAC: amoxyc bd, clarithromycin 500mg bd. Acid aspi prophylaxis: 40mg on evening before s followed by 40mg 2-6 hours before su Zollinger-Ellison Syndrome: 60mg daily. within range 20-120mg daily. If in excess of daily give in 2 divided doses. Renal impairme dose adjustment needed. Hepatic impair Maximum daily dose 20mg. Patients swallowing difficulties: May be dispersed in a amount of water or fruit juice. Children over 2 with severe ulcerating reflux oesophagitis: the dose range of 0.7 - 1.4mg/kg daily, 40mg/day for 4 - 12 weeks. Hospital- paediatrician should initiate treatment. CO **INDICATIONS:** Known hypersensitivity to omep In gastric ulcer, exclude malignancy before s therapy. **WARNINGS & PRECAUTIONS:** Patie previous Losec capsule therapy should be mo for "flare up" of disease symptoms. Slight inc risk of GI infections. **INTERACTIONS:** Ketocona itraconazole absorption may be reduced. Los delay the elimination of diazepam, phenyto warfarin. Plasma concentrations of omeprazo clarithromycin are increased when concomitantly. Simultaneous treatment with may increase digoxin bioavailability. **PREG AND LACTATION:** Avoid in pregnancy unless n altemative. Discontinue breast feeding if Lose is considered essential. **UNDESIRABLE EF** Generally mild and reversible: gastroint (including diarrhoea), headaches, skin di rarely severe, paraesthesia, dizziness, fatigue, insomnia, psychological effect musculoskeletal disorders. In isolated cases, vision, dry mouth, taste disturbance, o alopecia, hyponatraemia, anaphylaxis, sw gynaecomastia, impotence, malaise, bronchospasm, encephalopathy, blood dys hepatic and renal disorders. **LEGAL CATEGOR PACKAGE QUANTITIES:** Calendar packs blisters of; 7* tablets, £4.73. 28 tablets, 20mg: blisters of; 7* tablets, £7.14. 28 £28.56. 40mg: blisters of 7* tablets, £14.28. of 7 tablets £14.28. (*Hospital pack). **MAR AUTHORISATION NOS:** PL 0017/0396 - Losec Tablets 10mg. PL 0017/0397 - Losec® MUPS 20mg. PL 0017/0398 - Losec® MUPS® Tablets

References

1. Anderberg E-K, *et al.* Gastroenterology 1998 pt 2): A56. 2. Katelaris PH. J Gastroenterol 1999; 14 (Suppl): A22 (Abst ESO1). 3. Data LOS/008/AUG99.

AstraZeneca

Further information is available from the M Authorisation. Holder: Astra Pharmaceuti Home Park, Kings Langley, Herts WD4 8 (01923) 266191. Losec® and MUPS® are re trademarks of Astra Pharmaceuticals Ltd. preparation: September 1999.

LOS MUPS 4941

Prices valid from October 1st 1999

Important changes affecting Losec dispensing

As of September 27th 1999, AstraZeneca is pleased to announce the latest technological advance in the treatment of acid-related disorders - the arrival of Losec MUPS tablets.

Losec MUPS tablets provide the same high levels of acid suppression[1] and excellent healing rates as Losec capsules[2], but with the added benefit of greater flexibility for individual patients.

- Losec MUPS tablets contain over 1,000 acid protected units and are rapidly absorbed.[1,3†]

  †Study conducted in healthy volunteers

- Losec MUPS tablets are approximately 20% smaller than Losec capsules and designed to be easier to swallow.

- Losec MUPS tablets may also be dispersed in water or suspended in a small amount of fruit juice or yoghurt after gentle mixing.

- Since they can be dispersed in liquid, Losec MUPS tablets may also be administered by means of a naso-gastric tube.

- New packs complement the added flexibility with 'push-through' blisters designed to be easy-to-open and cartons reduced in size by as much as 50%.

- Last, but by no means least, Losec MUPS tablets represent excellent value. As of October 1st 1999, you will find the basic NHS price of a Losec prescription reduced by more than 5%.

	10mg	20mg	40mg
PIP codes	264-4698	264-4706	264-4714
IMS	RWRR	RWRS	RWRT
EAN	5014162001282	5014162007116	5014162004801

AstraZeneca will no longer be supplying Losec Capsules in the UK. For further information on any aspect of Losec MUPS tablets, please call AstraZeneca Medical Information on Freephone 0800 783 0033.

LOSEC MUPS
(omeprazole) tablets

First class acid suppression.
First class healing.

Continued from PII

transcranial approach is required in rare cases.

The 'curative rate' (i.e. mean GH<5mu/l, suppression to 2mu/l after glucose loading) of microadenoma is about 80 per cent and macroadenoma about 60 per cent, but success in the larger tumours tends to be poor, because of the tendency of these lesions to invade the dura. If surgery is not 'curative' or the tumour recurs, options include repeat surgery, radiotherapy and medical treatment.

2 Medical treatment

This is effective and is presently used as an adjunctive or secondary therapy. Two classes of drugs are used – dopamine agonists and somatostatin analogues.

- **Dopamine agonists**

Dopamine agonists (eg bromocriptine, bromocriptine LAR, pergolide and cabergoline) bind to pituitary dopamine type 2 (D2) receptors and suppress GH secretion. However, their usage is limited by the fact that they only achieve a 'curative' GH level in 20 per cent of cases and increased doses result in unpleasant side effects, including nausea, vomiting, abdominal cramps, nasal stuffiness, sleep disturbance and neuropsychosocial changes.

- **Somatostatin analogues**

Somatostatin analogues were introduced into clinical practice in 1986. They are modelled on somatostatin, which functions as an endocrine or neuroendocrine agent. As somatostatin has a half-life of only two to three minutes, analogues with a longer half-life, such as octreotide, octreotide-LAR, and lanreotide have been developed.

Octreotide is about 40 times more potent than somastatin. It has a half-life of two hours and peak effect is seen within 30-60 minutes after subcutaneous injection. Normalisation of IGF-1 is seen in about 65 per cent of cases. A minority of patients show poor or no response.

Symptoms such as headache, sweating and arthralgias are improved in the majority of patients and the longer the duration of treatment, the better the response. Other beneficial effects may include reduction in hypertriglyceridaemia and some reversal of left ventricular mass. Its effects on glucose tolerance are variable. Octreotide has been shown to cause some tumour shrinkage.

Common side effects are gastrointestinal, including nausea, abdominal pain, diarrhoea and loose stools. Fortunately most of these last only about one to three weeks, though a few may have recurrent symptoms.

Table 1: Symptoms and signs

Acral and soft tissue enlargement:
(100 per cent of cases) (due to excessive IGF-1)

bossing of the forehead (increased hat size) defects
fleshy nose, macroglossia
protruding jaw and malocclusion of teeth
spade-like hands (increased ring size)
large feet (increased shoe size)

Cutaneous:
excessive sweating in 88 per cent of cases
(hypermetabolism and enlarged sweat glands)
excessive hair growth
acanthosis nigricans – a skin condition characterised by grey-black warty patches, usually in the armpit, groin, knees or elbows
thickened and oily skin

Musculoskeletal:
carpal tunnel syndrome in 70 per cent
degenerative arthritis of large joints in 70 per cent

Respiratory:

sleep apnoea (central or obstructive)

Cardiovascular:
cardiomegaly in 15 per cent
atherosclerosis
hypertension in 25 per cent

Abdominal:
enlargement of liver or spleen
renal calculi in 11 per cent
increase incidence of colonic polyp and malignancy

Metabolic:
(GH causes peripheral insulin resistance)
hyperinsulinaemia in 70 per cent
impaired glucose tolerance in 50 per cent
diabetes mellitus in 10-25 per cent

Enlargement of Pituitary gland:
headache in 50 per cent
visual field

Hormonal effect:
galactorrhoea, amenorrhoea
loss of libido, impotence
Hypothyroidism
Hypoadrenalism

Non significant bradycardia (slow heart action) occurs in 25 per cent of patients. Asymptomatic gallstones also form in about 25 per cent of patients on treatment and one reason for this is delayed gall bladder emptying caused by inhibition of the hormone cholecystokinin.

Octreotide LAR is a long-acting formulation delivered intramuscularly every four weeks. The most common side effect is pain at the injection site and gastrointestinal effects lasting one or two days.

Lanreotide is similar to octreotide in potency and preparation, but it has the flexibility to be given every ten to 14 days. Side effects are similar to octreotide. Normalisation of IGF-1 levels are about 64 per cent over two to three years, similar to those for octreotide LAR.

3 Radiotherapy

Radiotherapy is not used as first line treatment. It is useful in patients who have elevated GH levels after surgery and who are unfit or unwilling to undergo surgery. It may also be given to those who do not respond to medical therapy.

The effect of radiotherapy is dose-dependent and delayed. Hypopituitarism is common and in rare cases, may cause blindness, secondary brain malignancy, and brain damage.

Follow up

Patients on somastatin analogue should be seen approximately every six months, with GH and IGF-1 level monitored.

Following radiotherapy, there should be a one- to three-yearly check to assess pituitary hormone reserve. Patients who are partially or completely hypopituitary should receive appropriate anterior pituitary hormone replacement.

In view of the potential risk of colorectal malignancy, current follow up protocols also include two- to four-yearly colonoscopy.

Community support

A new nurse adviser service to treat people with acromegaly in the community has been launched by Ipsen Ltd. The nurse advisers will work alongside primary care teams, including community pharmacists, delivering treatment to patients at a time of day, and in a place of their convenience, such as their doctor's surgery, their home or their place of work.

The new service should help to reduce the necessity and frequency of patient visits to hospital outpatient departments and will also provide additional care and support in the community for people with acromegaly.

In addition, if the patients are well supported, the nurse advisers may be able to help the patients to manage symptoms associated with acromegaly and to improve their understanding of the disease.

Conclusion

All microadenomas should be treated surgically, as a permanent cure is achieved in about 80 per cent to 90 per cent of cases. Post-operative GH level should be <2mu/l and IGF-1 in normal range. If this not achieved, somatostatin analogues should be introduced.

Surgery is required for invasive macroadenoma and at times to 'debulk' large non-invasive tumours before medical therapy. There is controversy regarding the use of somatostatin analogues as a primary therapy to treat tumours and it is currently reserved for those who cannot or will not undergo surgery. Dopamine agonists may be added to somatostatin analogue if monotherapy fails. Radiotherapy has some role to play.

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

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ACTION PLAN

1. Have you any patients taking octreotide or lanreotide? Why are they taking it?
2. In your practice workbook list the uses of these drugs.
3. Is there a nurse adviser in your area? If you have a patient with acromegaly should you contact the adviser?
4. Could you now give a short account of acromegaly? Perhaps write a few notes in your practice workbook so that you could talk to a new patient about their condition.
5. One worry for a new patient is if their condition is 'like a cancer'. Prepare an answer.

Some things you can change

Primary care pharmacist Mary Allen uses a case history to look at pharmaceutical care in the community

Doris used to live in the worden-controlled flats near ta Jill's pharmacy. Doris was in her 70s and had lived alone since her husband died a few years before. Doris was an insulin-dependent diabetic and an ileostomist. She had a lot of prescription medicines and appliances, and seemed to arder repeat prescriptions of one or twa items at a time. Jill wondered why she didn't get all her items at once, but came to the conclusion that Doris was lonely and visiting the pharmacy several times a manth provided some contact with others.

Daris brought in a repeat prescription one Saturday afternoon and asked if she could have a word with the pharmacist about another matter.

The prescription

Loperamide	2mg mdu 90 caps
Insulin Mixtard	30/70 2 x 10ml
Solvent ether	500ml
Sleek strapping	5cm x 5m
Chiron barrier cream	
1 OP cotton wool hospital quality	500g

Jill noticed that Doris seemed to be getting through a lot of laperamide – she was having repeats more than once a month. Jill wondered what Doris did with all the solvent ether, which she seemed to be getting on a monthly basis, as well as the strapping and cottan wool. Since Doris had indicated she wanted a word with Jill, this provided an ideal opportunity to find out a bit more abaut what was going on.

Daris told Jill that o neighbour had given her a blood glucose meter and some test strips. These had belonged to his wife who had recently died and, as he knew that Doris suffered from diabetes, he felt she cauld make gaad use af them. Unfortunately, the instructions had been last. Doris had always used urine-testing strips, but had never got to grips with blood glucose testing. She had been using the meter and strips for a few days, but, because of high results, wondered if she had been using them correctly.

The meter was not one that Jill stocked, so she had no access to any instructions. From what Doris had said, it sounded as though what she was doing was correct, which alarmed Jill os this meant that her blood glucose was not controlled. Jill told Doris that, although her neighbour had been kind, it wasn't a good idea to use other people's equipment, especially when there were no instructions. She asked her when she had last had a blood test at the surgery or hospital and was told this was some time ago.

Jill was going on holiday the following week, but agreed to send a note to the surgery to get someone to look at her machine to ensure she was using it correctly and to check that her blood glucose levels were OK.

Building a picture

The glycosylated haemoglobin test (HbA1c) provides a measure of the exposure of red cells to glucose in the blood. Glycosylated haemoglobin is haemoglobin that has become irreversibly bound to glucose. The rate of its formatian is proportional to the blood glucose concentration. Since the lifespan of o red blood cell is three months, HbA1c provides an objective reflection of blood glucose levels over the previous three months.

Jill then asked Doris about the items on her current prescription. Doris said she kept taking the laperamide capsules, althaugh they didn't seem ta be daing any good. She wos losing o lot of fluid via her ileostomy. Jill asked when she had last discussed this with the doctor or stoma nurse, but Doris couldn't remember – these days her appointments at the doctor's seemed to be taken up with the various infections she kept getting, and with her sleeping problems. She didn't want to bother him with her diarrhoea as well.

Why was Doris continuing to lose a great deal of fluid?

One reason may have been that Doris was not absorbing the loperamide properly. Her shortened gut may have meant there was inadequate time for the capsules to break down and release their contents. Because of Doris's diobetes, she may have been suffering from diarrhoeo as a result of neuropathy affecting the gastrointestinal tract.

Jill suggested that Doris might benefit from taking loperamide in a liquid form and promised to talk to the doctor. She then asked Doris whot the ether, strapping ond cotton wool were for, and learned that this was all used in connection with Doris's ileostomy. She used the cotton wool and ether for removing the oppliance adhesive from her skin, and had used this ever since she first became an ostomist. The strapping was for extra security in keeping her appliance in place.

Jill told Doris that there were more modern adhesive removers. She pointed out that solvent ether in a glass bottle was rather hazardous to have around the flat. Doris was reluctant to consider using anything else. She had hod her ileastomy for the greater part af her life, and felt camfartable with the way things were.

Follow-up

Before going on holiday, Jill wrote to Doris's GP ond:

- suggested that the community nurse pay a visit to check out the donated blood glucose meter
- asked whether Doris might benefit from on HbA1c test
- suggested that loperamide liquid might produce better results than capsules
- asked whether the surgery might be able to persuade Doris to abandon her solvent ether.

On returning to work, Jill learned that the nurse had sorted out the blood glucose meter machine. This had been working properly – the high results were repeated by the nurse. Doris's insulin therapy was being reviewed. The doctor had switched Doris to loperamide liquid and, so far, there had been an improvement in her stoma output.

However, there had been no change on the solvent ether front. Various staff at the surgery had tried over several years to get Doris to change to something less hazordous but Doris was very stubborn about this. Generolly speaking, the skin oround her stoma was in good condition.

Furthermore, last week, the pharmocy had been unable to supply the prescription for ether as the wholesaler had been out of stock. Doris had been quite upset ond osked whether this was just an excuse to make her use something else. Jill realised that she would need to reassure Doris the next time she sow her. She also reolised that you can't change everything!

Sufferer Theresa Findlay shares her experience of having this inflammatory bowel disease

Ulcerative colitis

The diseose, ulcerotive colitis, is on inflommotion ot the lorge bowel where the intestine becomes swollen, inflomed ond ulceroted. Symptoms con include poin in the stomoch, weight loss, diorrhoea (sometimes with blood or mucus) ond tiredness. Some people may olso experience swollen joints, mouth ulcers, intlamed eyes or roshes on their body.

The symptoms will vory in severity from person to person ond moy flore up or improve ot different times. Many potients will experience some periods of remission, when they ore free from symptoms.

I storted suffering from this chronic diseose shortly before leoving school ot 16. I would go to the toilet ond sometimes could sit there tor o good quorter ot on hour ond still teel I hodn't quite tinished. I would experience o lot ot poin ond the constont sensotion ot wonting to go, even though I telt there wosn't much left inside me. This poin wos olwoys occomponied by lots ot blood and mucus.

I let this go on tor about six months ond ofter severol visits to the doctor I wos odmitted to hospitol tor tests. At this time I hod no ideo whot wos wrong with me ond, by oll occounts, neither did the doctors. After tour weeks I was dischorged.

During my time in hospitol I hod mostered the ort ot toking my own prednisolone retention enemos. This bosically looked like o liquid form of Voseline ointment in o plostic bog with o hord plostic tube ot the end. This tube hod to be inserted into the onus ond squeezed into the bockside, much like you would squeeze toothposte. After performing this rother poinful exercise, you hod to lie on your stomoch os still os you possibly could tor obout three minutes ond then go to sleep os normol. I did find over the yeors I got much relief from these enemos ond thot the unpleosontness wos worth it.

Along with the doily enemos, I wos prescribed the drug sulphosolozine, four times o doy. It seemed weird toking 16 toblets o doy ond not even knowing whot they were for.

There ore no blood tests which will, by themselves, confirm the presence ot ulcerotive colitis, but blood tests ore used to look for onoemio, vitomin ond minerol deticiencies ond to meosure the severity of inflommotion.

When I eventuolly tound out whot wos wrong, I wos told this wos o chronic illness thot wos incuroble. This oll come os rother o shock to me but os the soying goes, you just hove to get on with it. After o few yeors, ond mony obsences from the office, I hod reached the end of my tether, ond hod made up my mind to have it out with the doctors ot my next outpotient oppointment. When the ins ond outs ot on ileostomy were exploined to me I wos more thon willing to corry on suffering with the ulcerotive colitis (I wos only 19 ot the time).

Other problems arose. About tive yeors after the stort ot the disease I storted to hove trouble with my left eye; it would become very sore, pointul ond bloodshot. This condition is colled uveitis ond treotment is with steroid drops. I olso storted hoving problems with my skin, especiolly on my toce. The doctors told me I hod ocne rosoceo, not necessorily connected to ulcerotive colitis but they weren't sure either woy. I olso storted getting poins in my joints from time to time, porticulorly in my knees ond fingers.

Ulcerotive colitis is o debilitoting illness ond con leove you feeling very low ond tired. It is hord to know whot to eot ond whot not to eot. Everybody with this complaint reocts ditferently to certoin foods, so o set diet sheet is definitely not the onswer. I tound there were doys when it wos olmost os if I wos never off the toilet. As soon os I'd get up, I'd hove to rush bock ogoin – more often thon not without doing onything else, becouse there wos procticolly nothing left inside me!

This, together with the diarrhoeo, often left me feeling so weok I wondered how long my poor old body would lost. I wos put on o high fibre diet but this mode very little difference. Another time my bowel seemed to be reocting to onything thot went through it, so I wos given liquid supplements, which, olthough they were rother tosty, reolly mode no chonge to my condition.

I suffered from this diseose tor 23 yeors ond then the bottom tell out ot my lite in every sense ot the word. I suttered o mossive relopse ond hod my bowel removed ond a temporory ileostomy tormed. Two yeors loter onother operotion mode this permonent ond I con honestly soy, since becoming a sufferer in 1970, I hove never telt better.

Even though os a young womon I was horritied by the thought ot this ileostomy operation, I would recommend it most highly now. I om now 46 yeors old ond my quolity ot lite is superb.

And to think the lost time I could say thot wos during my school doys.

MOTILIUM 10 – ESSENTIAL INFORMATION

Presentation: Small film coated tablet containin domperidone maleate equivalent to 10m domperidone base. **Indications:** For the relief post meal symptoms of fullness, nause epigastric bloating and belching, occasional accompanied by epigastric discomfort ar heartburn. **Dosage and administration:** Adults ar children over 16: up to one tablet (10mg) thre times daily and at night when required. Maximu duration of *continuous* use is 2 weeks. **Cont Indications:** Hypersensitivity to any of th components. Patients with any underlying gastr intestinal pathology, with prolactinoma, or wi hepatic and/or renal impairment. **Precautior** Patients who find they have symptoms that pers and are taking Motilium 10 *continuously* for mo than 2 weeks should be referred to a GP. **Dr interactions:** Adverse interactions have not be reported in general clinical use. However it h the potential to alter the peripheral actions dopamine agonists such as bromocriptin including its hypoprolactinaemic acti Domperidone's actions on gastro-intesti function may be antagonised by anti-muscarin and opioid analgesics. May enhance absorption of concomitantly administered dr particularly in patients with delayed gast emptying. **Pregnancy and lactation:** Motilium should only be used during pregnancy on advice of a doctor. Use by breast feeding wom not recommended. **Effects on driving abi and use of machinery:** Does not affect mer alertness. **Side effects:** Occasionally transi stomach cramps and hypersensitivity reacti (eg rashes) reported. At higher dosages and longer treatment durations than recommen a rise in serum prolactin has been reported wh may, rarely, be associated with galactorrhoea even less frequently, with gynaecomastia, br enlargement or soreness; there have been rep of reduced libido. Domperidone does not re cross the normally functioning blood-brain ba and therefore is less likely to interfere central dopaminergic function. However, a extrapyramidal dystonic reactions, including instances of oculogyric crises, have b reported. Should treatment of dystonic react be necessary, domperidone should be withdr and an anticholinergic, anti-parkinsonian d or benzodiazepine medication should be u **Treatment of overdose:** If disoriental extrapyramidal reactions or drowsiness o following an overdose, the patient shoul closely monitored and treated symptomatic Administration of gastric lavage and activ charcoal may be helpful. Anticholine medication may be useful in mana extrapyramidal symptoms. **Price:** £3.95 L **category:** P. **PL:** 13249/0014 **PL holder:** Johns Johnson. MSD Consumer Pharmaceuti Enterprise House, Station Road, Loudw High Wycombe, Buckinghamshire HP10 **Date of preparation:** June 1998.

Whatever your customers call **FEELING SICK** there's one name to remember

Different customers call it different things. But you know it's that 'nausea' feeling. And that the queasy, churning upset stomach symptoms they feel, often after meals, mean their natural stomach's digestive rhythm has slowed, and almost goes into 'reverse'. Which is why you should reach for Motilium 10. It's the only OTC treatment clinically designed to restore normal stomach rhythm in the right direction to clear the cause of their nausea.* So recommend Motilium 10. Because whatever they call that feeling, that's the one name you should remember.

HELPS TO CLEAR THE STOMACH

Johnson & Johnson MSD CONSUMER PHARMACEUTICALS

Only available through pharmacies. Further information is available from Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF Tel: 01494 450778.

*Indicated for post prandial symptoms of nausea and other stomach discomfort symptoms of fullness, bloating and belching.

Male attitude threatens health

Men's cavalier appraach to their own health and their risk taking behaviour contribute ta the fact that they live for five years less than wamen on average.

'Men's Health', the first single-volume reference book on all aspects af male health, laaks at same af the reasans why lang-term illness is 40 per cent higher among unemployed men campared to unemployed wamen. It finds that women living in the least favaurable social circumstances are still healthier by far than men living in the most favourable canditions.

Men's reluctance to consult their GP – and the fact that they drink more, smoke more, and are more likely to be overweight – is reflected in their health statistics.

They are three and a half times more likely ta die from caranary heart disease under the age of 65, four times mare likely ta be killed in accidents ar commit suicide, and they are mare likely to be HIV positive than wamen.

Farty per cent af men will anly visit their dactor if told to do sa by their partner, and in many cases their symptoms will have been present far some time, with resultant complications. Abaut the same propartian af men attending a well man clinic far the first time will have an angaing ar new medical problem uncovered, accarding ta an audit from Dr Mike Kirby, one of the baak's editors.

Only 25 per cent of men wha have hypertensian are aware of the fact, seven aut of eight have at least ane risk factor for CHD, and 90 per cent never check their testes. These statistics highlight the importance of well man clinics, say the baak's authors. A chapter in the baak is devated ta the setting up of such a clinic in primary care.

'Men's Health' is edited by Rager Kirby, Michael Kirby and Riad Farah, and published by Isis Medical Media, at £39.95. ISBN 1 899066 92 6.

Register trials say *BMJ* and *Lancet*

The editors af the *British Medical Journal* and the *Lancet* have jaintly called for all clinical trials ta be registered for the sake of greater freedom af information and patient safety.

In a press conference earlier this month and in editorials in each af the respective journals, Dr Richard Harton af the *Lancet* and Dr Richard Smith of the *BMJ* argued that registering trials would prevent duplicatian af similar trials and reduce wasted resaurces. A register would also include studies that have praduced negative results, highlighting drugs and treatments that have not worked.

Each year vast investments are made by pharmaceutical campanies, medical research charities and national funding agencies inta randomised cantrolled trials. However, the process is chaotic and daes not take inta account concurrent research. This leads to wasted resources and a "seriously misleading picture of an intervention's effectiveness", say the authors. They cite one example where, in a systematic review of ondansetron, a quarter of all relevant published reports were duplicates.

The NHS already keeps a national research register of randomised trials, and the Cochrane Collaboration has one on published controlled trials. However, a large number of unpublished trials remain unregistered.

CHD deaths almost double in northern women

Death rates from caronary heart disease among those living in the North of England are almost 90 per cent higher for women and 50 per cent higher for men than for those living in East Anglia.

A British Heart Foundation report on CHD statistics in 1999 also reveals death rates to be significantly higher among manual workers and South Asians. The rate for manual workers compared to non manual workers is more than double for females and 58 per cent higher for males. South Asians living in the UK have a CHD death rate about 50 per cent higher than the UK average.

The report highlights regional differences in diet as a contributory factor in the variations. Although no clear patterns emerge in total fat and saturated fat consumption, people living in Scotland, Northern Ireland and the North of England eat considerably less fruit and vegetables than those living in the South. Experts recommend eating five portions of fruit and vegetables every day to reduce the risk of CHD.

Smoking, another contributory factor, is more prevalent in Scotland, Northern Ireland, Wales and the North of England. And it is about 10 per cent higher among manual workers than non manual workers. The habit is particularly common in the Bangladeshi and Caribbean communities, where 49 per cent and 42 per cent respectively are current smokers.

Cardiovascular disease is the leading cause of death in the UK – accounting for 260,000 deaths a year. It costs the economy £10 billion a year – £8,500 million on days lost due to death, illness and informal care of people with the disease, and £1,600 million a year on the healthcare system.

PHARMACY update: distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 13 issue, which will cover this week's CPP-accredited modules, together with those in the October 2 issue.

In other words:

- ADHD (1140)
- Chlamydia (1141)
- Acromegaly (1142).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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*30.4% market share by value. A.C. Nielsen. M.A.T. Mar/Apr 1999

L01796/9.99

Roche

Rennie® Duo Product Information. Uses: Symptomatic treatment of complaints resulting from gastro oesophageal reflux and hyperacidity. **Presentation, dosage and administration:** Oral suspension: Each 10ml (1 dose) of suspension contains: 1200mg calcium carbonate, 140mg magnesium carbonate and 300mg sodium alginate. Note. As well as the mechanical barrier to acid reflux provided by the alginate, the combination of two antacids provides a total neutralising capacity of 32mEq/H+. The usual dosage is 10ml to be taken after meals and before retiring. In [illegible] cases of reflux an additional dose of 10ml may be taken between normal doses to a maximum total of eight unit doses in 24 hours. Recommended in adults only (above 12 years). **Side effects and precautions:** When used normally at the recommended dosage no undesirable side effects are expected. As with all antacid combination medicines caution should be exercised in patients with impaired renal function, prolonged use of high doses can result in hypermagnesaemia, should be monitored. Prolonged use possibly enhances the risk of development of renal calculi. 10ml Rennie Duo contains 120mg sodium, which should be considered for patients on a restricted sodium diet. As with other antacids Rennie Duo can mask the symptoms of gastric malignancy. In patients also taking antibiotics it is advisable to recommend that Rennie Duo should be taken 1-2 hours after their other medicine. Rennie Duo, if taken as recommended is not hazardous to not be used in patients having severe renal insufficiency, hypercalcaemia or hypophosphataemia nor in patients with nephrolithiasis or a known hypersensitivity to any ingredient. **Product licence number:** PL00031/0518. **Supply Classification:** GSL restricted to pharmacy only. Rennie is a registered Trade Mark. Packs and Prices: 50ml £0.84 (ex VAT), 180ml £2.88 (ex VAT), 500ml £4.37 (ex VAT). PL holder: Roche Consumer Health, 40 Broadwater

Vision of self-medication

For 80 years, the Proprietary Association of Great Britain has been committed to developing a market for safe and effective OTC medicines. Simon Pulsford, PAGB president, gives an overview of the Association's vision for the future and explains how it is working to fulfill its objectives

The PAGB believes that responsible self-medication has an important role to play in healthcare today, in terms of benefiting patients, the NHS and the economy. But this has to be done in the right environment, through a favourable regulatory climate and with the support of health professionals. And consumers need to be aware and confident that OTCs can help them to take more responsibility for their own health.

At PAGB, we are concerned with encouraging the changes in attitude and behaviour necessary to bring about such a shift. As part of our strategy, we work in partnership with other organisations wherever possible to achieve this objective.

PAGB research shows that at least 96 million GP consultations a year are for minor ailments. This gives rise to 63 million, or 14 per cent of all NHS prescriptions[1]. But research also shows that people are often reluctant to self-medicate because they lack confidence in their own diagnosis, and so seek reassurance from the GP[1].

How people respond to illness depends on their attitude to health, the resources accessible to them and their own concept of 'wellness'.

PriME, a daily tracking survey of the health and illness of 5,000 adults, divides consumers into six groups based on their characteristics and behaviour when ill[2]. Over the next 20 years the 'unhealthy', 'doctor loyal' and 'self-medicator' groups are all set to grow. As individuals determine the demand for healthcare, there are areas where self-treatment is growing and this should be encouraged.

Take responsibility

Strategies should be developed to show 'doctor loyal' types the benefits to them of self-medication, and the 'unconcerned' should be encouraged to improve their lifestyle management and take some responsibility for managing their own healthcare.

The pharmacist is fundamental to the successful use of self-medication, forming an important bridge between those who want to self-medicate and those who need to see a GP. Pharmacists are a resource that, until now, has been under-utilised by primary healthcare policy makers and under-used by consumers.

As the use of self-medication increases, the part the pharmacist plays in the primary healthcare team will grow. PAGB, this year, has undertaken a number of initiatives to help make consumers more confident about self-care and self-medication.

PAGB's Consumer Health Information Centre (CHIC) was launched in 1997. This was the first time that we 'talked' directly to consumers. CHIC aims to educate consumers in the basic recognition of symptoms of minor ailments and to give them the confidence to correctly diagnose and treat an ailment with an OTC medicine that they know to be safe and effective.

The strength of the CHIC campaigns lies in the experience of the different members of its advisory panel – doctors, nurses, pharmacists, and representatives of patient associations.

Simon Pulsford

"Pharmacists are a resource that has been under-used by primary healthcare policy makers and by consumers"

Last year, the CHIC cold and flu campaign told consumers how to recognise colds and flu and told them that antibiotics were not the answer. This got extensive media coverage, and we are sure it reduced the number of people seeing a doctor.

This winter, with concern about millennium celebrations and 'bugs', the CHIC campaign will encourage people to assess the medicine needs of their family and visitors, and make sensible provision. The campaign, like last year's, will be supported by the Royal Pharmaceutical Society, the National Pharmaceutical Association, the Royal College of Nursing and the Doctor Patient Partnership.

The past decade has seen a dramatic rise in the number of people wanting to take responsibility for their health, and greater interest in the role played by diet in maintaining good health. It has also seen an increase in the number of health supplements available in the UK as well as a growing awareness of the benefits of those supplements.

Earlier this year, PAGB established the Health Supplements Information Service (HSIS) to provide a generic source of information about vitamins, mineral and food supplements to the media, health professionals and other opinion formers. HSIS is also supported by independent advisers

Continued on P32 →

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References: 1. In vitro - Data on file, Reckitt and Colman Products Limited. 2. Taylor Nelson Counterpoint 1999. 3. IRI - MAT to June 1999. 4. IMS Data 1999
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- Printable Pharmacyupdate question papers are also included
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- There are links to other WWW sites of interest to pharmacists
- Quarterly Business Trend Survey figures and the Business Statistics reviews are regularly updated
- Features include '2000, the computer nightmare' and other key articles

The PAGB vision

If more people were able to look after themselves, the primary care system would benefit. PAGB's overriding objective is to improve the quality of life of ordinary people by empowering them, encouraging greater self-reliance and less dependency on health professionals. To achieve this long-term goal needs the support of health professionals to provide education, information and reassurance to those consumers who need it.

The safety of consumers is paramount and consumer interests lie at the centre of our work. Preventative care and self-medication should be fundamental elements of public health policies. The PAGB is working with other stakeholders to demonstrate the value of education in helping people manage chronic and common conditions within a long-term public health strategy.

We support regulatory and legal frameworks that promote responsible self-medication and self-regulation, and work to help develop such frameworks in the UK, the European Union and internationally.

The Association wants to play an active role in the discussions about healthcare in the UK, and to develop solutions that lead to the most appropriate use of resources. We are committed to developing programmes and working with others who share an interest in achieving this goal.

→ *Continued from P28*

from medicine, science, dietetics, nutrition and toxicology.

Through HSIS and other activities such as the Joint Health Claims Initiative, PAGB has working relationships with the Council for Responsible Nutrition, FDF, Sustain, MAFF and many of the food research institutes.

PAGB actively supports the move of Prescription Only Medicines to OTC sale. Working with the Medicines Control Agency and the RPSGB, the PAGB has been closely involved in the development of guidelines for the switching of more than 40 medicines from POM to P status.

The guidelines take into account the safety of the drug and the indication for which it is sold. OTC medicines are no longer just products for the short-term treatment of common ailments. Products are now widely available for the prevention of illnesses such as allergic rhinitis, vaginal thrush and heartburn or indigestion.

The movement of medicines from P to GSL is now happening with products like loperamide, ibuprofen, ranitidine and nicotine gum adding to the traditional antacids and small packs of analgesics that have always been available from non-pharmacy outlets.

These switches require a further safety evaluation and public consultation before they are approved. The availability of medicines in supermarkets means people have access to them at times when pharmacies are closed and the only alternative might be a call to the GP.

We know that pharmacists are concerned about these moves, but the public is strongly supportive and, as more than 80 per cent of purchases of OTC medicines are repeat purchases, this is recognition that the intervention of a health professional isn't always necessary. At PAGB we firmly believe that self-medication can and should benefit both consumers and the NHS. While progress has been made in encouraging safe and responsible self-treatment, there is still a long way to go.

We are committed to supporting moves for wider access and for more medicines to be available without prescription. At the same time, we believe that the most effective way to achieve this objective is through partnership and education.

The recent White Paper talks about the need for educating people about self-care when they are children, when they become adults and when they are elderly. The White Paper acknowledges that people with chronic illnesses become their own experts in managing them and it seeks to learn from these patients and to encourage them.

Last year, PAGB decided to spell out for the first time its vision of self-care in the future and the values we apply in promoting it. Many of the things we have been saying are reflected in the White Paper. We are encouraged by that, and PAGB is working now to develop further partnerships to contribute to the discussion and to benefit people generally.

References

1 BMRB 1997

2 PriME 1999

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£ 3,000	£ 6,598	120%	11·92%
£ 5,000	£11,107	122%	12·06%
£ 7,000	£15,702	124%	12·20%
£12,000	£27,179	126%	12·35%

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Women take charge

A woman has been elected president of one of Germany's 17 regional chambers of pharmacists for the first time. Mrs Karin Wahl, who owns her own pharmacy and a cosmetics institute, received 84 per cent of the votes in the state of Baden-Wurttemberg, which includes Stuttgart.

Even more amazing in a female-dominated profession that has an almost complete lack of female representation in state and national pharmaceutical organisations, is the fact that Mrs Wahl's vice-president is also a woman – employee pharmacist Karin Graf.

Mrs Wahl aims to improve training to include more clinical pharmacy, pharmacoeconomics and biopharmacy, promote pharmaceutical care, increase student places to take account of the many women who temporarily leave to raise a family, provide experienced pharmacists to act as tutors to pre-registration students and improve the quality of advice given by pharmacists.

Mrs Wahl accepts that German pharmacy has changed over the years to offer more self-selection and to become less formal and more patient-friendly, but she does not wish to see the legally restricted range of non-healthcare lines widened to match the German drugstores.

Morning-after pill bypasses pharmacies

Health minister Andrea Fischer of the Green party has announced that the morning-after pill, mifepristone, will be made available to German women – but without any pharmacy involvement.

The decision follows years of agonising by the former coalition government of Christian Democrats/Christian Socialists with their large numbers of Catholic supporters, and was made against vociferous opposition from Catholic leaders, one of whom attacked the regulatory authority for recently recognising the French licence for the product.

Pharmacists are angry that Mrs Fischer's announcement specifically excludes any pharmacy involvement. Manufacturers will supply numbered packs direct to doctors, who will be obliged to store the drug in secure cabinets and to keep records, which must be available for inspection by the authorities at all times. As a possible concession to pharmacists, this method of distributing the drug will be reviewed after two years.

Chain reaction still reverberating

Germany's ban on multiple pharmacies was thrown into doubt by the latest court ruling in favour of pharmacist Gunter Stange, who had been accused of owning a chain of shops.

Under German law every pharmacy has to be owned and personally run by a pharmacist and no pharmacist can own more than one.

In the spring (*C&D* April 10, p22) the pharmaceutical authorities thought they had won their long-running battle against Mr Stange by obtaining a court order to make him shut his original pharmacy, but yet another court has now overturned that order.

Stange's lawyers contended that the ban on non-pharmacist ownership and multiples was against the German constitution and European law.

Alarmed, the two leading pharmaceutical weeklies – *Pharmazeutische Zeitung* and its arch rival, *Deutsche Apotheker Zeitung*, each commissioned legal experts to examine the issue. To the huge relief of all, both teams came to the same conclusion: the traditional form of pharmacy in Germany does not contravene either national or EU legislation.

Another perennial thorn remains stuck in the side of ABDA, German pharmacy's umbrella organisation, as a pharmacist has won her fight to keep display baskets outside her shop.

Some owners were either unaware of the ban on doing so or chose to ignore it. Whether placing small items at knock-down prices outside the door entices customers in to buy more expensive products has never been proved.

Those who wish to uphold a more professional image believe it lowers the tone.

Doctors threaten to cut prescribing

Doctors incensed at the prospect of personal financial penalties if they exceed drug budgets are threatening to cut their prescribing, with grave potential consequences for pharmacists.

After figures suggested that financial penalties would probably occur within the next few months, a medical weekly has revealed a five-point emergency programme drawn up by the doctors' association to limit prescribing to the bare minimum.

This proposes a waiting list for drugs and therapeutic remedies until January 1, 2000, postponement of prescribing innovative products until the budget problem has disappeared, a switch to the cheapest generic, the need to obtain a second opinion before using expensive treatment and the use of emergency private prescriptions for the smallest possible packs.

The list of drugs for which a waiting list will be imposed covers agents to treat anaemia, dementia, diarrhoea, hypotension, fungal infections, gout, thyroid, liver and gall bladder diseases, topical anti-inflammatories, antitussives and expectorants, peripheral vasodilators and venotonics, lipid-lowering drugs, hypnotics, sedatives, preparations for haemorrhoids, sex hormones, herbal urological agents and vitamins.

A second opinion may be needed before acamprosate, botulinum toxin, bisphosphonates, immunoglobulins, hyposensitisation treatments, interferons, hypophyseal hormones for IVF and especially growth hormone, nucleoside analogues, HIV protease inhibitors and erythropoietin (except in renal anaemia) can be prescribed.

Relations between doctors and the health minister are at rock bottom, despite her efforts to apologise for suggesting profligate prescribing, so this 'leak' is seen by some as blackmail in an attempt to get the drugs budget revised.

While the spring flu epidemic undoubtedly contributed to a rise in drug spending by the health insurance schemes, the upward trend in prescribing continued after that period.

'Waiting list' could be imposed on wide range of drugs

Boom time for supermarkets

Supermarkets were the main beneficiaries of the rise in prescription charges last year, according to figures on the self-medication market.

It appears that patients were put off visiting their doctors by the hike in charges, but instead of turning to pharmacies for over the counter medicines, or even buying them from drugstores, the throat lozenges and aspirin were purchased with the frozen peas.

While pharmacies saw a 1 per cent drop in turnover of OTC products and a 3 per cent decrease in number of packs sold, drugstores enjoyed a 4 per cent increase and supermarkets a 2 per cent rise.

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Focus on core role and strengths

The NPA's John D'Arcy

Pharmacists need to focus on strengths rather than dwelling too much on threats. "We tend in pharmacy to be very negative about our profession and we sometimes talk ourselves into negativity," said National Pharmaceutical Association chairman John D'Arcy. "It can be easy to focus on the threats, but we ignore a lot of our key strengths."

Pharmacy should also focus on the core expertise, that of the medicines expert. "If we are trying to convert ourselves to bare foot doctors, we are losing the plot," he said. This expertise has not necessarily been used when it should have been by others. Citing the recent attention over Viagra and Relenza, he asked why is pharmacy always left out of the debate.

It could be that community pharmacy is considered the free market rather than part of the healthcare system, but this view has to change over the next few years so that pharmacy is included in policy making as of right. "We should demand to be there," he said.

One important area to become involved in is primary care groups, soon to be primary care trusts with greater responsibility for spending. This is like a limited company with a chief executive responsible for £60m, he said. "If I were that chief executive I would want control of all the services we were using."

The current emphasis on clinical governance is about quality assurance. We cannot show this yet, but we must get our house in order, he added.

The National Association of Co-operative Executive Pharmacists met for its 50th anniversary conference in Stratford-upon-Avon last weekend

Call for evidence to support RPM arguments

The Community Pharmacy Action Group is looking for evidence to support the arguments for retaining resale price maintenance in the Restrictive Practices Court.

CPAG secretary Sue Sharpe called on pharmacists in all sectors to help gather the evidence to back the four or five gateway arguments that it will present in next October's court hearing. In particular, CPAG is looking for EPoS data from 'typical' pharmacies, which can demonstrate the impact on pharmacy viability that the removal of RPM will cause.

She cited some preliminary work already carried out by the Leeds Co-operative Society that indicates 70 per cent of people purchasing OTC remedies from a pharmacy also purchase non-OTC goods such as toiletries. This suggests that if supermarkets could attract more customers by 'buy one, get one free' (BOGOF) promotions, pharmacy services would be vulnerable as their income from profit on non-OTC goods would fall, with the loss of RPM.

She told delegates that the arguments CPAG will be working on over the next year were being presented at an initial hearing at the Restrictive Practices Court this week. CPAG intends to prove four or five 'gateways', any or all of which could see RPM retained for a further five years, at least.

The main gateway, which was accepted the last time RPM was challenged almost 30 years ago, is that pharmacy numbers would be adversely affected at a rate faster than if RPM had been retained. "It's going to be difficult for us to produce clear hard evidence on this," she said, adding that the previous hearing was prepared to accept much more anecdotal evidence. However, she added: "There's a very good case to make here."

The second gateway is that the variety of goods available will fall, which will be to the detriment of the consumer. We are arguing that a large number of the small market products will be unviable as the supermarkets will only want to stock brand leaders, she said. If pharmacy numbers fall, then there will be fewer outlets from which to sell these slower selling lines, so they may be withdrawn.

The third gateway is that prices may actually increase overall, contrary to the beliefs of the Office of Fair Trading. As the grocers will be interested in special, limited price promotions, and because of the buying power of many of them, they will be able to ask manufacturers to support the promotion by lowering their prices. As the manufacturer's profit margin is consequently cut, it will have to increase prices elsewhere to keep its profit margin up.

Another argument is that the services that are necessary with OTC medicines, such as an initial counselling on how to use the product, are in jeopardy if pharmacies are forced to close. "The necessary service is the advice of the pharmacist and any member of the public will benefit at some stage from that advice." This service will be lost if pharmacies close or people just get into the habit of going to the supermarket shelf because of the 'buy one get one free' promotion.

CPAG has a fifth gateway that it is not pursuing at present, that goods will be sold in conditions or on terms that pose a danger to the public.

CPAG's David and Sue Sharpe

All this will need evidence, she said. CPAG has been gathering evidence, but wants as much as possible to present against the OFT's arguments.

"We have got to prove each gateway and prove that the detriment outweighs the savings that the loss of RPM may bring," she said. "We have seen the way the OFT is running its case, but we think we can get a better quality of evidence with better teamwork."

CPAG chairman David Sharpe said: "It will be an evidence-based case. However marginal you may think it is, it will be collated." He cited the recent case of Unilever announcing that it is intending to focus on powerbrands because the supermarkets are having so much power over the manufacturer on charge listing prices. "The reduction in variety of products is already happening," he said.

Davies addresses manpower issues

Royal Pharmaceutical Society vice-president Marshal Davies has said that workforce issues need to be looked at in a more sophisticated way.

The Society is looking at manpower and identifying workforce requirements in the medium and long term, he said. "There has always been a difference of views on the number of pharmacists who should be available. It's my view that the workforce requirements need to be considered in a more sophisticated way than has appeared heretofore. But unfortunately that it is not going to help matters in the next year or two."

The Society has been looking at the support pharmacists should receive through technicians so that pharmacists are available to provide the services that are needed. "The important thing is that we should have a pharmacy workforce that is professional, competent and has significant ability."

The Society has not yet made any final decision on whether dispensing technicians should be registered. Mr Davies' view is that technicians should be managed under the 'wing' of the profession because changes are taking place and the future role of the pharmacist will require a close working relationship with technicians. "If technicians are going off at a tangent with allegiances to a new audience, then that will exacerbate the difficulty," he said.

"I believe ... that it is essential that all dispensers and technicians have formal training," he added.

The Pharmacists' Health Support Scheme for health professionals with chemical dependencies is seeing a near 90 per cent success rate. The scheme's co-ordinator, Joe Mee, pointed out that people who contact the scheme with concerns over a fellow professional should not feel they are 'shopping' someone

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Axon sets out influences for pharmacy's future

PSNC's Stephen Axon

PSNC general secretary Stephen Axon has criticised the RPSGB's new draft Code of Ethics, currently out for consultation with the membership.

While accepting parts one and two of the new Code as allowing for the development of pharmacy services, Mr Axon was very concerned to see in the third part the inclusion of a set of service specifications laid down. As they appear aimed primarily at the community pharmacist, they would be better set out in contractual agreements, he said. "They are extremely restrictive and tell a pharmacist how to do the job. Part three may even put a brake on the profession," he warned.

Points he picked out include the definition of medication management being very restrictive and referring to assisting local prescribers. It does not mention the patient within the definition such as it is. It also appears to confuse medication management with repeat prescribing.

The proposals that collection services need the patient's request recorded in writing are "not practical". Delivery services will require delivery staff to sign to acknowledge their responsibilities.

"I do not think this is a good idea," he said suggesting that it appears to be a way of preparing to pass the buck. Alternatively it may be the Society's way of putting off mail order. And repeated reminders to obey the law should not be necessary.

PoD checks already impacting on fraud figures

NHS fraud buster Jim Gee says point of dispensing checks are already showing signs of helping to reduce fraud.

Two reports due out in December will show the size of the problem from data relating to November 1998 and to this July, of which preliminary comparisons already show a fall. In addition, Mr Gee says that within the first six months of operation, his unit has identified 150 cases of fraud across the NHS.

He praised pharmacists for "leading the way" in implementing the proposals being put in place by his unit, adding that new anti-fraud measures will shortly be introduced into dental, ophthalmic and general medical practice. "Pharmacists are to be congratulated on the way they have taken the PoD checks on board," he added. "It's an example of the basic streamlined checks we need to put in place in every part of the NHS."

Mr Gee explained that the pharmaceutical arena had come under scrutiny first because of the Prescription Fraud Scrutiny Report. The Government had accepted 84 out of the 100 recommendations, and as it and family health services were the areas of which most was known, pharmaceutical services had been selected before Mr Gee was appointed. However, this picture will change, as Mr Gee has set a deadline of March 2000 for the completion of the measurement exercise.

Without knowing the full extent he believes it will be impossible to tackle the problem effectively, he said. Data collection should allow the amount of money involved to be known to +/- 1 per cent, and once established, the savings will be tracked year on year "so that I can be held accountable". More immediately, a report this month will propose initial urgent action.

Jim Gee: the NHS fraud buster

PSNC sets out contractor finances

Pharmaceutical Services Negotiating Committee financial executive Godfrey Horridge believes it is unlikely there will be a national discount inquiry this year.

In part this is due to recent changes in personnel at the Department of Health, he told delegates. Other factors reducing the likelihood include that the inquiry unit is also still completing the container enquiry, the April 1997 invoice copy inquiry is still one or two months away from appearing in draft report form and in December, planning will start for next April's inquiry.

With regards to the price changes being brought about by the new Pharmaceutical Price Regulation Scheme, PSNC has already registered its desire for an adjustment on the discount clawback due to the new lower prices. However, Mr Horridge suggested that from April next year, the clawback could revert back to 11.01 per cent, but this will depend on both the views of PSNC and the DoH. Mr Horridge will put the case to PSNC members at the February meeting and they will decide whether to leave it running at present levels or to reduce it to try and avoid a build up.

It is also unlikely that the Department will consider a different clawback rate for multiple pharmacies, because problems could arise about deciding how many pharmacies constitute a multiple, he said.

Contractors were reminded that although money for directed services is ring-fenced only for this year. "Your objective is to get the full sum health authorities paid you next year."

Cash paid for the 1999/2000 global sum will be up 4.9 per cent on 1998/1999 at £759.9 million. This comprises a 6.6 per cent increase in core money and point of dispensing check funds and a reduction of 40.2 per cent in non-core monies. However, taking into account an underpayment of £4.8m for 1998/99 and the £10.1m for directed services, the total cash paid for 1999/2000 will be up 6.3 per cent at £770m.

Forecast gross profit per prescription for 1999/2000 is £1.3869, based on core money. This is up "significantly" on last year's £1.3399, and is the highest since 1992/93. It is also forecast that this year will be the first year that the average prescription payment will be over £10, albeit only just at £10.0128, up from an actual £9.4545 for 1998/99. However, gross profit in percentage terms will continue the downward trend dropping from 14.2 per cent to 13.9 per cent.

Gross profit does vary significantly depending on script volume and average ingredient cost. If net ingredient cost is frozen, calculations put average gross profit for different pharmacy groups at the following:

Average items per month	gross profit
951	10.7%
1,281	17.4%
2,487	16.0%
3,708	14.4%
5,107	13.5%
7,628	12.8%
12,224	12.1%

Alternatively, if volume is frozen and NIC is varied by 15 per cent, gross profit will vary as follows:

- with NIC of £8.1914 (15 per cent below average), gross profit is 15.8 per cent
- with NIC of £9.6369 (average), gross profit is 13.9 per cent
- with NIC of £11.0824 (15 per cent above average), gross profit is 12.3 per cent.

"In pure accounting terms, you want to get your NIC as low as possible," he commented. Ways this could be done was by encouraging doctors to prescribe for shorter treatment periods, to prescribe more generics, and to move from combined preparations to individual drugs.

In terms of discounts, both 1997/98 and 1998/99 saw recovery of money, but both are still subject to copy invoice reports. Cumulatively up to 1999, there had been a recovery of £50.1m. But with a target of 11.01 per cent discount and a predicted discount of 12.07 per cent for 1999/2000, this sum should be used up. This is in part due to the ranitidine inquiry, volume of parallel imports and the effect of buying groups. The final amount may still be subject to PPRS effects and copy invoice reports, but will not make much difference, suggested Mr Horridge.

The prescription volume is apparently near to the 534m target, judging by August figures. This is a 3 per cent increase. The drug budget is forecast to be £5.146 billion representing an increase of 11.1 per cent on the previous year or an 8.1 per cent increase per prescription. However, this is based on pre PPRS figures.

For the average contractor, the forecast for this year is that he or she will dispense 50,872 items in the year or 4,239 per month. However, the median figure is lower at 3,700. Gross annual drug reimbursement will be £490,245, annual gross profit will be £73,354 and annual NHS turnover will be £512,080.

PSNC's Godfrey Horridge

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H2-receptor antagonists are an underused over the counter remedy for heartburn or indigestion. Ranitidine, with its high safety profile and ability to be effective for up to 12 hours, is a suitable drug for consideration

Objectives

- to understand how severity of symptoms will lead a sufferer to consult the doctor
- to recognise how H2-antagonists work
- to recognise that H2-antagonists can work longer than regular antacids
- to understand the safety profile of over the counter ranitidine
- to understand the incidence of side effects of H2-antagonists

H2-antagonists are an effective treatment for heartburn or indigestion. They can control mild to moderate symptoms associated with gastric reflux and, in the case of ranitidine can relieve heartburn or dyspepsia for up to 12 hours with a safety profile similar to placebo at over the counter doses.

Even so, pharmacists often overlook H2-antagonists when dealing with requests for OTC indigestion remedies. In part, this may be due to a belief that sufferers will refrain from visiting the doctor or that H2-antagonists may hide more serious symptoms. However, in patients with long delays in diagnosis of gastric cancer, the rate limiting step is not necessarily a delay in seeing the GP in the first place, but is in the wait for onward referral and the required hospital investigation.(1)

What to watch out for

H2-antagonists work directly on the acid-producing cells in the stomach. They inhibit basal and stimulated secretion of gastric acid, reducing both the volume and the acid and pepsin content of the secretion, giving symptomatic relief.

One concern has been that gastric cancer may be masked if using an H2-antagonist, a consideration which could apply to other types of antacid too. However, there are signs and symptoms that point to something more serious than simple indigestion, These include:

- symptoms return and will persist
- a problem with swallowing (dysphagia)
- the patient is anaemic
- the patient feels full quickly
- there is other abdominal or chest pain
- there is unintended weight loss.

It's also worth bearing in mind that:

- heartburn alone as a presenting symptom accounts for less than 5 per cent of gastric malignancy(2)
- less than 10 per cent of gastric malignancies are in patients aged under 55 years (3)

Therefore, as symptoms of more severe digestive system problems will continue to break through - whether using an H2-antagonist or a simple antacid - it is likely the symptoms will prompt the sufferer to seek further medical advice.

Differentiating ranitidine

H2-antagonists work by direct action on gastric acid secretion. However, the first of this class of drugs, cimetidine, also inhibits the enzyme cytochrome P450. This in turn can slow the metabolism of other drugs increasing

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the risk of side effects. Drugs affected in this way include: phenytoin, oral anticoagulants, theophylline, carbemazepine, quinidine, tricyclic antidepressants and nifedipine. By contrast, ranitidine lacks this property.(4)

Cimetidine's weak anti-androgenic effect may also lead to gynaecomastia and impotence in males, although this is reversible. Ranitidine, like other H2 -antagonists, may exhibit these properties, but to a much lesser degree (5)

Safety profile

Ranitidine is available OTC as a single dose of 75mg, such as with Zantac 75. It has a recommended dose of one tablet once or twice daily up to a maximum of four tablets a day. At half the prescription dose, side-effects are further minimised.

Overall, ranitidine compares well with placebo in terms of adverse effects. Controlled trials looking at 26,000 patients taking doses of up to 1,200 mg (of which 80 per cent were on 300mg) found that the adverse event rate was consistently equivalent to placebo.(6)

As well as having a well established safety profile, it has a long duration of action. Clinical studies show that a single 75mg dose relieves the symptoms of excess acid production for up to 12 hours. A twice daily dosage means users need not worry about having to remember to take a dose during the day.

And for those who may be heavy users of antacids, ranitidine may have the edge as it will not have the same problems of increased ion content such as hypernatraemia or hypercalcaemia or alkalosis. In addition, over use of antacids has been associated with rebound reflux(7).

When to refer

Having said this, there are caveats to using H2-antagonists.

- because ranitidine is excreted mainly via the kidney, sufferers with severe renal impairment would see increased plasma levels(4)
- consumers, especially the elderly, who have been taking non-steroidal anti-inflatumatory drugs should first be referred to the doctor
- ranitidine should be avoided in sufferers with acute intermittent porphyria as there may be a very small risk they may be affected(4)
- as a precaution, it is best that middle-aged sufferers presenting with symptoms for the first time be referred to the doctor
- similarly, if patients present with a recent change in symptoms then refer
- refer patients with any of the warning signs symptoms as highlighted above.

Don't forget, though, that the patient information leaflet supports the safety message, by discouraging irresponsible use. Your own pharmacy protocols will back up the PIL recommendation that the user should not take Zantac 75 for more than 14 days consecutively without consulting a doctor first.

The pharmacy is an appropriate place to begin treatment for upper gastro-intestinal symptoms as few people with dyspepsia would go to the doctor with their symptoms anyway(8). And remember, even when seen by a doctor, it is not current medical practice to immediately investigate all sufferers with upper gastro-intestinal symptoms, as dyspepsia is so common.

References

1. Martin et al *BMJ* 1997; 314:467-71
2. Haugstvedt et al; Scand J Gastroenterol 1991; 26: 611-9
3. Anderson M, Schou JS; Drug Safety1993; 179-185
4. Ranitidine SPC
5. 'Martindale', 32nd edition: 1209
6. Mills et al; Aliment Pharmacol Ther 1997;11:129-137
7. 'Martindale', 32nd edition:1167
8. 'Everyday Healthcare Study 1997', BMRB: volume 2, table 26

PRESENTATION Each tablet contains 75 mg ranitidine. **USES** For the relief of indigestion, heartburn, and hyperacidity. For the prevention of food and drink-related indigestion, heartburn, and hyperacidity. **DOSAGE AND ADMINISTRATION** Adults and children aged 16 and over, one tablet. No more that four tablets should be taken in any 24 hour period. **CONTRAINDICATIONS** Hypersensitivity. **PRECAUTIONS** Treatment should be restricted to a maximum of two weeks' continuous use at any one time. Patients should contact their doctor if their symptoms do not improve after two weeks' continuous treatment. Should not be taken by the following groups of patients unless under medical supervision, patients with a previous history of peptic ulcer disease, patients with renal or hepatic impairment, patients middle-aged or older with new or recently changed dyspeptic symptoms, patients with unintended weight loss, patients taking NSAID's, patients with gastrointestinal bleeding or patients with a history of porphyria. **SIDE EFFECTS** Generally well-tolerated. rarely headaches, dizziness, depression, confusion and allergic reactions. See SPC for further details. **LEGAL CATEGORY** P. **RETAIL PRICE (Ex VAT)** Zantac 6's £1.69, Zantac 12's £3.31, Zantac 24's £5.95. **PRODUCT LICENCE NUMBER** PL 10949/0223. Further information available on request from customer services, Glaxo Welcome UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT. **DATE OF PREPARATION** May 1999.

Test your understanding

Test your understanding by answering the following questions, then check your answers by phoning our computerised Telephone Marking Service on **0990 27 44 28** for an immediate result. Just listen to the instructions and press buttons 1 or 0 to indicate your answers. "1" indicates yes; "0" indicates no. Please note that calls are charged only at standard national call rates. If you pass and are a pharmacist or an assistant and want the appropriate certificate for this College of Pharmacy Practice accredited course, simply sign then photocopy your answers and send them to: Mary Prebble, Pharmacy Editorial Projects, Miller Freeman UK. Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Please enter your name and status (eg pharmacist / assistant), pharmacy, address, phone and RPSGB/PSNI number below:

_____

_____

_____

1. Over the counter H2-receptor antagonists will suppress symptoms of all severity

❑ Yes ❑ No

2. Indigestion is usually the sole sign that someone is suffering from gastric cancer

❑ Yes ❑ No

3. Indigestion pains associated with tiredness should be investigated further

❑ Yes ❑ No

4. Ranitidine has less effect on the metabolism of other drugs than cimetidine

❑ Yes ❑ No

5. H2-antagonists neutralise the pH of gastric acid secretions

❑ Yes ❑ No

6. The dosage regime of over the counter ranitidine means side effects are equivalent to placebo

❑ Yes ❑ No

7. H2-antagonists are likely to increase blood levels of sodium and calcium in normal patients

❑ Yes ❑ No

8. It is appropriate to ask a consumer requesting Zantac 75 if they are taking a NSAID

❑ Yes ❑ No

9. Ranitidine has a similar duration of action to simple antacids

❑ Yes ❑ No

10. Most people with upper gastro-intestinal symptoms would not consider seeing the doctor at first

❑ Yes ❑ No

Nurse prescribers this week were told how they could work more closely and effectively with pharmacists

Nurse prescribing – pharmacists helping

Nurse prescribers have been told they should use and work with community pharmacists to help maximise the quality of service patients receive.

Changing the relationship between the two professions could maximise the potential for patient care and the support that they can offer each other. In particular, the change has be away from one of rapid supply to one where the two professionals are working together.

Pharmacist Matthew Shaw, representing the National Pharmaceutical Association, told the Nurse Prescribing Conference in Birmingham that making such a change could only be a positive step. "Nurse prescribing brings with it great opportunities to improve communication, as well as potential disaster for not doing so." Doctors, nurses and pharmacists must all give the same supporting information to patients, he urged.

Flagging up some of the cultural shifts that need to be addressed, Mr Shaw commented on a couple of perceptions.

● 'Nurses just want a box of dressings quickly' - There has been a tendency in the past for pharmacy staff to drop everything to tend to a nurse who needs supplies. "Is this how nurses want to be seen? As dressing carriers?" he asked.

● 'I've known my local pharmacist for years, but I can't talk to her about this sort of thing' - Trying to ask a question about a patient's care may seem daunting, but there are pharmacists in the community who are just waiting to help.

Besides spelling out the benefits of joint working, Mr Shaw also gave some practical advice.

● **On using PMRs:** As pharmacists maintain patient records, he asked that nurses help keep that record as complete as possible. "It is essential that the client prescriptions continue to go to the pharmacy used regularly by the client." Usually the prescription will be left with the client for them to have it dispensed. "In those instances where it isn't, taking the prescription to the client's usual pharmacy is the only way to make sure that a complete medication record can be maintained."

In addition, the nurse may not have access to the GP's patient record at the point of prescribing. But the pharmacist's record will be available in the pharmacy, so the pharmacist can check if any of the medicines may be affecting the patient adversely and advise on appropriate treatment. "When you, as a nurse prescriber, are being asked to take responsibility for your actions, and to be accountable, surely it makes sense to use all resources available to decrease the risk," he argued. "This is an essential part of clinical governance."

● **On stock holding:** As pharmacists only keep limited stocks, nurses should let the pharmacist know the day before so they can order in sufficient stock.

● **On seeking more advice:** "Pharmacists are able and willing to offer support to nurse prescribers," he said. If a nurse would like to discuss something - perhaps a client has fallen and you wonder if it is drug related - find out when the pharmacist is least likely to be busy.

● **On the *Drug Tariff*:** Pharmacists are used to costs and cost-effectiveness and can use the *Drug Tariff* to advise on the cheapest version of a dressing, bandage or appliance each month.

● **On a patient's health:** If a nurse is concerned that a client is suffering from a drug-related condition, "discussing this with the pharmacist will reinforce your confidence when you later discuss it with the client's GP".

Above all, the patient or client must remain at the centre of any change, he said. Nurse prescribing has been implemented to improve patient care and to ensure that the client can receive appropriate medication in a timely and legal fashion. "To maximise this patient care, the patient's nurse and pharmacist should work together."

The National Pharmaceutical Association's 'Nurse Prescribing Pharmacist Resource Pack' provides more tips on how pharmacists can advise and train nurses. A Nurse Prescriber Support Pack is also available and gives nurses information on good prescribing practice. The packs are suitable for pharmacists who are training groups of nurses or are informally advising a nurse prescriber within their own pharmacy. Copies of the Pharmacist Resource Pack cost £4.50, and each contains a free copy of the nurse pack. Additional nurse packs are available in sets of three for £4. Discounts are available for those running larger training sessions. Call the NPA on 01727 858687 ext 169.

Hard sell

Promotions can make a big difference to your sales and profits, provided they are done properly. Keith O'Sullivan reports

Pharmacy promotions certainly work, the question is how do you make them work for the independent pharmacy and small chain? Firstly, you must establish what you are aiming to achieve. For example, you can use promotions to:

- reduce excessive stock of a particular OTC line
- dispose of end of lines
- increase average OTC spend
- attract new customers
- increase share of prescriptions
- take advantage of seasonal sales
- pre-empt or react to a competitor
- launch new lines
- launch a new outlet or relocation.

Planning is the key to successful promotions. Our experience shows that an annual promotion programme should be agreed - around six promotions a year of approximately two months each seems to work best. If you have EPoS, you can work this out for yourself. Our studies show that pharmacy promotional sales often peak in the fifth or sixth week, so a promotion lasting only a month would not be so cost-effective.

Your individual promotion plan should contain the following:

- objective
- product range
- the offer/pricing
- promotional method
- promotional materials
- timing/who will perform actions
- results.

Remember to promote from strength. Our results using EPoS show that sales of particular products may increase by, say, 300 per cent during the promotion. If you currently sell ten per week, then in this example you will sell 40, whereas if you sell 100, then sales will increase to 400. This is simplistic, but you must give people what they want if your promotion is to work.

What do people want?

Look at your sales analyses. What product group sells the best? Is it haircare, baby products, photographic, gifts, vitamins and supplements, toiletries etc? You will note that I have concentrated on OTC products, as medicine promotion has ethical considerations.

Are there seasonal variations in the sales? This will help you to set an annual plan.

Customers are looking for service, convenience and value for money. You do not have to be the cheapest, as profitability is paramount.

However, a continuous promotion programme will emphasise your value for money image.

Promotional themes are successful, where you group similar products, such as haircare, and your suppliers will assist you with offers.

Consider some of the following:

- buy one get one free, or three for the price of two
- money off: £1 or £0.50 - this usually works better than percentage discounts, as some people have problems with percentages. West Midland Co-op recognises the power of discounts. Its cut-price promotion on toiletries, run in April, was so successful that it extended it throughout the spring and summer
- manager's specials
- free prize draw or competition
- banded packs
- free associated products
- simple loyalty promotion
- all at one price.

While the promotion must be cost-effective, it should also reflect your pharmacy image. The best promotions are those where you can use your pharmacy's name and promote your name and image, not solely the suppliers' brands. Purpose designed and printed materials will do this.

Start with your pharmacy window. Window display is the most cost-effective form of promotion. Is it cluttered? Are there too many confusing, conflicting messages? Are there too many suppliers' showcards or posters? What does your window look like from across the street?

If you have two windows, you could promote your main theme promotion in one window and a supplier's ethical promotion in the other. For your own promotion, an eye-catching, portrait style poster(s) with your pharmacy name and offer will work. Avoid the use of 'Day-Glo' materials, as your image may suffer.

Inside, you can use similar posters on the walls; use shelf and product flashes too.

New customers

Advertising may not be cost-effective, particularly for smaller pharmacies. However, our results suggest that leaflet drops can work. Start by studying your existing customer base and analysing their postcodes. You can do this by recording the postcodes of, say, your last 100 prescriptions. Work out your main catchment area which, for a pharmacy, may only be around half a mile. The national survey by Aston/MEL Research showed, on average, that one-third of people come from within a quarter of a mile and 50 per cent within half a mile.

Then contact your local newspaper(s) for details of the number of households, coverage and delivery cost in your main postcode areas. Alternatives are leaflet drops using local newsagents, the post office or your own staff or friends.

Remember to print enough leaflets to use as bag stuffers and to display on your counter.

The leaflet needs to reflect your window and in-store promotional material and it should have a consistent message.

Calculating the results

Did the promotion work and was it cost-effective? You can learn from every promotion you do and each one can be better than the previous one. If you have EPoS, you could compare the average product sales in the previous two weeks, with the sales during and after the promotion. Sales of the promoted product usually remain high, even after the promotion has finished.

Overall pharmacy sales should also be calculated to check the effects of the promotions. Other useful indicators include prescription numbers, the proportion of Prescription Only transactions and the average value of OTC purchases.

With consumers' inexhaustible appetite for bargains, carefully tailored, eye-catching promotions cannot fail to work.

Keith O'Sullivan works in association with MEL Research and is a marketing consultant with Birmingham-based Marketing Horizons Associates.

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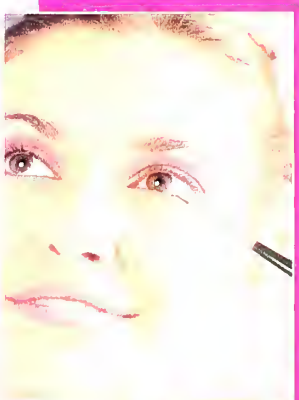

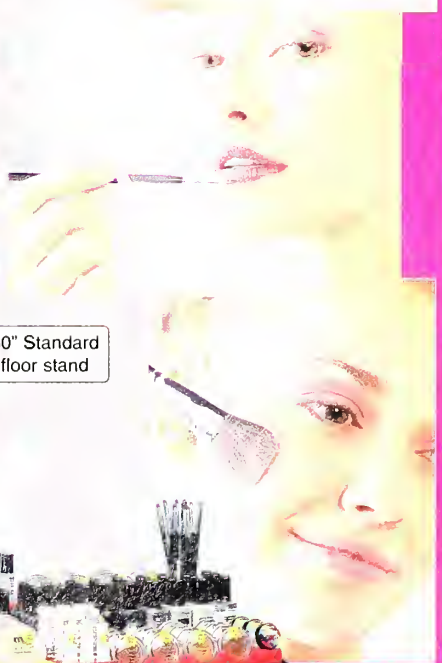

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Pfizer urges authorities to invest in East Kent

Pfizer Consumer Healthcare's UK chairman Ken Moran has warned that the company's expansion plans are at risk unless East Kent's transport and cultural infrastructure improves.

At a South East England Development Agency (SEEDA) conference held last Monday at Pfizer's Sandwich site, Mr Moran told around 90 representatives from local government and business that the company's current level of growth could not be sustained without better rail and road links and improved housing and schools to tempt new employees.

Pfizer has already announced that its 200-strong sales and marketing teams will relocate to Reigate because of recruitment difficulties.

The company has invested almost £900m at Sandwich in the past ten years and is currently building a new £142m laboratory. The number of employees at the site has doubled in the past six years to more than 4,500, which includes 2,200 scientists.

"For Pfizer to continue to grow in the region, the infrastructure and the social needs of the company must be addressed. Gathering relevant people together has given us a chance to tackle the issue," said Mr Moran.

The conference was chaired by SEEDA chairman Allan Willett and was attended by Stephen Ladyman, the local MP. Mr Willett said: "It is vital we keep a world class company like Pfizer in our region, but the infrastructure is far from adequate. SEEDA will work with Pfizer and public and private sector partners to solve ... fundamental problems."

Pfizer chairman and managing director Ken Moran (centre) tells SEEDA chairman Allan Willett (left) and chief executive Anthony Dunnett that the social needs of the company must be addressed in East Kent

Numark to introduce quality standards for members

Numark has announced plans to establish minimum standards for its pharmacies in a bid to boost their quality and performance.

Four 'levels of quality' will be laid out, and standards will be enforced by self-regulation through new beefed-up regional liaison committees in a two part strategy outlined this week.

Speaking at the Numark convention in Penang, Malaysia, on Wednesday, marketing director David Wood warned that the bottom level of quality would be incompatible with Numark membership in the medium term.

"We want to work with shareholders to improve the offer, but if they do not want to help themselves we may have to part company," he said.

The standards initiative will provide the platform for the second strand of a five-year plan "to differentiate the Numark service from other local and national providers". Around a quarter of Numark's 1,310 shareholders have heard about the proposals at over 20 consultation meetings, which have been held across the UK since June. David Wood said the proposals have been universally endorsed by members so far.

Over the next few months regional liaison committees will be approached about what might be included in the quality standards. Mr Wood expects RLCs to start 'grading' Numark pharmacies in the second quarter of next year.

Other groups will have difficulty in matching what Numark is doing, he believes. "Wholesalers run a mile from minimum standards because of the trading relationship. Others either don't want to or aren't brave enough.

Numark's David Wood

We are prepared to lose members, but from what non-Numark pharmacists are saying, more people might want to join Numark if it has minimum standards. We are not wanting marble palaces. We just want the minimum standards consumers expect."

The decision to enforce quality standards on Numark members arises from research carried out over the past two years, which shows that consumers' perceptions of local pharmacies are tainted by negatives or 'hygiene factors'. Hygiene factors are those parts of the retail offering that consumers would expect as the norm.

Numark has identified these factors for local pharmacies as:

- opening hours: closing before the doctor's surgery, not opening on Sunday and shutting over the lunch hour
- provision of advice: people trust the pharmacist but want to speak to them in private, not at the end of the counter
- appearances of the premises and the retail offer: shops are seen as old fashioned and cluttered, prices are perceived as high and range limited.

"When we asked consumers what services they would like to see in the future - the so-called motivators - they could often not see beyond the problems they have with the hygiene factors. We can't develop new services from local pharmacies until we deal with the existing problems that cause people to shop elsewhere," said Mr Wood.

In adopting a strategy "to improve the quality of the offer from Numark Pharmacies by setting and adopting minimum standards", it is not the intention to tackle professional issues.

To help Numark members exploit new opportunities, a series of initiatives were unveiled at the convention. These include:

- 'Your health, your choice' - a new approach to help pharmacists deal with the rapidly growing area of alternative medicines
- an oral care category building initiative in conjunction with Colgate, similar to 'Baby & You' (*C&D* September 4 p32)
- three areas where professional services can be linked to sources for payments are currently being worked on
- an intranet and internet scheme developed in conjunction with IMS
- a linked PMR and EPoS system from preferred suppliers Mediphase and Positive Solutions
- repositioning of the Numark brand with emphasis on the pharmacist rather than the pharmacy.

More details next week.

Plant-based medicines set for boost

Plant-based medicines company Oxford Natural Products (ONP) has sold a 15 per cent stake in its business, worth £1m, to German technology group Analyticon AG.

The agreement gives ONP a foothold in Germany - one of the biggest markets for plant-based medicines - while Analyticon will benefit from the worldwide licensing agreements currently being negotiated for ONP's standardisation technique Total Quality Profiling (TQP).

ONP chief executive Christian Hoyer Millar said around 25 per cent of current prescription products were derived from plants and TQP helped manufacturers meet the clinical efficacy and safety standards demanded by regulatory authorities overseeing this market.

He said TQP standardised the complex chemical components within plants and plant extracts which meant more formulations could become available. "A new generation of plant-derived prescription phytomedicines, herbal medicines, OTC nutraceuticals and health foods could be a commercial reality," he said.

In a separate deal, ONP has acquired the product portfolio of East West Biotech (EWB), which produces a range of complementary Chinese medicines. EWB also has a development agreement with Proctor & Gamble for a cold and flu product that could be on the market next year, said Mr Hoyer Millar.

UniChem hosts 5th financial seminar

UniChem will hold its fifth financial seminar for pharmacists on Tuesday October 19 at Wakefield in Yorkshire.

Around 50 delegates are expected to attend the event to hear Moss Chemists' store planning manager John Bellingham talk about maximising retail performance and profitability.

Other speakers will be Gerry Jackson and Jonathan Russell, partners at Critchleys, a member of the UK200 Group of chartered accountants.

Places for the seminar at the Cedar Court Hotel in Wakefield can be reserved by calling: 0181 391 7110. Non-UniChem pharmacists must pay £30 to attend.

Boots to stock Novartis' new range of functional foods

Novartis Consumer Health is launching a range of functional foods - said to be the first of its kind in the UK - in 100 top Boots the Chemists stores around the country.

The products will also be stocked in GNC drugstores and Safeway outlets in the Meridian TV area, which ranges from Wiltshire to Suffolk and south London to Brighton.

NCH is talking to other pharmacy chains, including Moss Chemists, in preparation for a nationwide launch in January.

Functional foods are everyday food items with active ingredients that give the products healing properties.

Safeway already stocks Skane Dairy Maval, a yoghurt containing Olibra, an appetite-suppressant compound developed by Scotia.

Sales of food with health claims are worth around £150 million-£200 million, but these products are not considered a mainstream market. NCH said its definition of functional foods is much wider because consumers realise there are a lot of foods that are potentially functional, such as broccoli - a good source of calcium.

Novartis' range comes under the Aviva label and consists of three therapeutic areas:

- heart benefits: two types of breakfast cereal, plus cereal bars. All these are low fat, without added sugar
- bone benefits: a cereal bar, orange juice and a low calorie hot chocolate drink
- digestive health: digestive biscuits and a hot chocolate drink.

The products are colour-coded to differentiate them. Novartis will launch another product in each therapeutic area from January.

Alastair Paten, NCH's director of marketing for health and functional foods, said NCH wants to restrict the initial launch to popular High-Street stores because the UK does not yet have a functional food market. Aviva's distribution could widen to smaller outlets when the products have become more established. "Provided it makes commercial sense, we'll make the functional foods available to independent pharmacies, but it's not in their interests to be involved in these products at the moment," said Mr Paten.

NCH's decision also reflects its research, which suggests consumers consider functional foods as 'food', not medicines, and would therefore expect to find them in food outlets.

The range will be merchandised with leaflets to advise customers.

NCH will also use the controlled launch to gauge various aspects of the range, such as its marketing mix and sales and promotional package. It could then fine tune these details in time for the national launch.

Promotional support will include poster and newspaper advertising in the Meridian area. Mr Paten said NCH would focus on the products' health benefits and their good taste.

"We expect our products to grow quickly to be a sizeable opportunity. Other companies are bound to launch similar products," he said. He would not comment on Aviva's target sales.

NCH has used its pharmaceutical background to conduct clinical trials on the products to ensure they fulfil their medical claims. "Our heart benefit products, for example, will say they're proven to reduce cholesterol as part of a healthy diet," he said.

Local trading standard officials have also been told about the products' claims.

Mr Paten said the prices were 50-100 per cent higher than mainstream equivalents because the active ingredients are expensive. A box of heart benefit biscuits would retail at about £2.99.

A selection of Novartis Consumer Health's new Aviva functional food range

IN BRIEF

EMEA considers Scotia drug

Scotia Holdings hopes to obtain FDA and European approval in the next nine months for Fascon, its photodynamic therapy product for the treatment of head and neck cancer. The drug is receiving fast-track status in the US and could be approved there as early as April. The European Medicines Evaluation Agency is expected to reach its decision by October 2000.

Listening to women

Women working within pharmacies are being asked to take part in a government consultation exercise designed to make it easier for them to juggle their work and home lives. The 'Listening to Women' initiative will look at a number of issues including differentials in pay.

September sun affects creams

Like-for-like sales of deodorants, sun creams and footcare grew in September, while trade in coughs and cold treatments fell during the unseasonally warm weather, says the British Retail Consortium. Its September retail sales monitor reveals that across all retail sectors sales remained flat, growing by just 0.8 per cent on a like-for-like basis.

COMING EVENTS

HPCPA STUDY DAY

The Hospice & Palliative Care Pharmacists Association is holding a study day at the GEC Training College on Sunday, November 7. The programme runs from 10.45am to 5pm and includes sessions relevant to home care as well as in patient hospice care. The cost is £45 for members and £50 for non-members. Overnight accommodation, if required, is available at a very reasonable cost. For further details contact Michelle McDonald, HPCA, c/o National Pharmaceutical Association, 36-42 St Peters Street, St Albans AL1 3NP. Tel: 01727 858687 ext 217. Fax 01727 832326.

MONDAY, OCTOBER 18

NICPPET at the Everglades Hotel, Londonderry, 7.30 for 8pm.

TUESDAY, OCTOBER 19

East Metropolitan Branch, RPSGB, at Wanstead Library, E11, 7.30 for 8pm.

WEDNESDAY, OCTOBER 20

West Herts Branch, RPSGB, at the PGMC, Hillfield Road, Hemel Hempstead, 7.30 for 8pm.

Wirral Branch, RPSGB, 7.30 for 8pm.

THURSDAY, OCTOBER 21

NICPPET at The Beeches, Hampton Park, Belfast, 9.30am to 5pm.

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Ben Nevis climb marks a high point

"The last time I was that excited was when I graduated from university," said a locum pharmacist after climbing Ben Nevis.

Jo Anne Butler and her husband raised £600 for the Vegetarian Society after a group climb in which they were the oldest participants. Jo Anne, 66, described the five hour climb and two hour descent as "brilliant", but said that she would "think twice before doing it again". Climbing the mountain was easier than the descent, due to difficulties with her knees, according to Jo Anne.

Jo Anne Butler and her husband John at the summit of Ben Nevis

Jo Anne came to Britain in 1980 from the US and bought Park Street Pharmacy in Bare, Lancashire. She has since sold the business but still locums at the shop. Her interest in the Vegetarian Society stemmed from a nutrition course she is studying.

The truth will out – sometimes

There's more to being secretary and registrar of a Pharmaceutical Society than taking minutes and keeping the register up to date. An intriguing insight into the 'extracurricular duties' which come with the job were given last week at a dinner given for Derek Lawson, the retiring secretary of the Pharmaceutical Society in Northern Ireland.

In an august company of his peers and predecessors, the current president of the Society, one Terence Maguire, revealed: "Presidents like Ronnie [McMullan] and myself constantly needed steering from the bar before speaking. Dorothy [Graham] left him standing in the lobby when she did what ladies do in the powder room. In fact, one colleague from England asked me if Derek was - well - a bit sweet, as he often saw him in such places holding a pretty handbag."

And we heard of the battles to introduce new technology to University Street, which left Carole Anthony, the anchor woman at the PSNI office, convinced that computers are male. She found that to get 'him' to work, you have to turn 'him' on. Judging by the volume of correspondence coming out from the Society, she has been pretty successful. Who said being an administrator was dull?

Shortlisted for *The Grocer*'s 'Award for Outstanding Achievement 1999' is Alan Leighton (left), chief executive of Asda. Mr Leighton and nine other candidates will be judged on the basis of their "achievement", "leadership", and their skill as a "trend setter". His bid for the prize includes Asda's "relentless drive for low prices", and "its fight against retail price maintenance in pharmacy". Don't expect too many votes from our readers, Mr Leighton

APPOINTMENTS

Andy Roberts

Brigid Gunn has been elected as the south west representative to the National Pharmaceutical Association board of management. She succeeds Mike Smith, who retired in the summer.

Jeremy Clitherow has taken over from Mr P Clark as secretary of St Helens & Knowsley Local Pharmaceutical Committee. All correspondence should be sent to Mr Clitherow at 252a Woolton Road, Liverpool, L16 8NE.

Numark has appointed **Andy Roberts** as its first dedicated IT project manager. Mrs Roberts joins from InStaffs (UK) Ltd, where she managed all information management and development of in-house software.

Activ8 Healthcare has appointed **Gill Gee** as a trainer and **Tony Riddle** as a sales representative. Ms Gee joins from Seaton, and Mr Riddle joins from Colorama.

Galpharm has promoted **Jo Adams** and **Jim Gardner** to general sales manager and director of commercial and business development respectively.

Jayne Allan has been appointed to the board of Phytopharm as director of resource and planning. Ms Allan was previously director of clinical research.

Mei Van Loosbroek

Mei Van Loosbroek has joined Braun as senior brand manager with responsibility for hairdryers, stylers and women's hair removal products in the UK. Ms Van Loosbroek joined the company from PepsiCo, where she was brand manager.

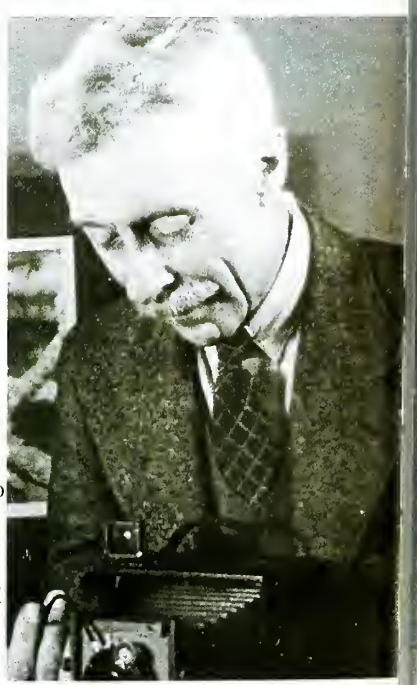
Periproducts' new sales and marketing manager for Europe is **Mike Corzberg**. Mr Corzberg joins from The Mentholatum Company, where he was director of trade marketing.

Sarah Mullally will take over from Dame Yvonne Moores as Chief Nursing Officer in England from November 12. Ms Mullally is currently director of nursing and quality and the deputy chief executive at Chelsea & Westminster Healthcare NHS Trust.

Pharmacist's photographic history published

Pharmacists today like to think of themselves as specialists in their sphere. But a Cumberland pharmacist has been described as "chemist, photographer, cyclist, bird watcher and nature lover, but not necessarily in that order".

William Carruthers Lawrie (1883-1960), who owned a pharmacy in Workington, has been immortalised with the publication of a book of his photographs. His work chronicles 40 years of town life at the beginning of the century. Photographs include a solar eclipse in 1912, Alexandra Day celebrations in 1914, and a visit to the town by the Prince of Wales in 1927.



Lawrie was a well-known and respected figure throughout West Cumberland and gave lectures and showed films on wildlife. As if his myriad talents weren't enough, Lawrie was also president of Workington Rambling Club and an accomplished carpenter.

● 'Lawrie's Workington' by B H Graham. £9.99 from Castle Curio's Publishing. Tel: 01900 607499.

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